



Location ID _____

RENTER'S CONTRACT

Acct Number _____

The officials of EJ Water Cooperative are operating a water distribution system in south central Illinois.

Renter(s) Names (Printed) : _____

Location Address: _____ Home Business

Mailing Address (if different than Location address): _____

Primary Phone: _____ **Secondary Phone:** _____

Landline Mobile cell carrier _____ Landline Mobile cell carrier _____
In the future, would you liked to be notified by text for billing, outages, updates, etc.? Yes No

Email: _____ **Are you interested in:** Automatic Withdrawal Paying Online

In an effort to **GO GREEN we will be sending you an E-bill, if you would like a printed bill check here.

Please answer the following questions:

- yes__ no__ 1) Have you ever had water service before with EJ Water?
- yes__ no__ 2) Has EJ ever incurred any bad debts because of you or your spouse?

Please read the following and initial below:

- I (we) am applying for water service and agree to pay for this service in accordance with rates of EJ Water Cooperative as established from time to time by the Board of Directors of EJ Water Cooperative. I/we agree to be responsible for the payment of all water bills and to abide by the rules and regulations of EJ Water Cooperative.
- I (we) agree to pay a **deposit of \$100** to secure the faithful performance of the payments of any charges or claims against me.
- I (we) understand that upon the termination of service, EJ Water Cooperative agrees to repay that part of the deposit as shall remain after EJ Water Cooperative has deducted all sums due to EJ Water Cooperative from me (us) under this agreement to provide water service.
- I (we) agree to also pay a **non-refundable \$25** transfer fee for a total of **\$125 due to EJ Water Cooperative**. This fee must be paid up front before the account is changed.
- I (we) understand that EJ Water Cooperative reserves the right to restrict the use of water to all users of the system in the same ratio during periods of emergency should the Board of Directors of EJ Water Cooperative deem it necessary.
- I (we) agree not to supply water to any other person or premises without written consent from EJ Water Cooperative.
- I (we) agree to make no claim against EJ Water Cooperative by reason of damage arising from the shutting off water for repair, relocation, or expansion of any part of the water system or for the failure of any part of the water system or for the restriction of the use of water from the system.
- I (we) agree not to make any cross connection between the EJ Water System and any other system that could in any way allow water to flow backward into the EJ System.

For Office Use Only: Rec'd _____ WB__ \$____ Tags____ Laserfiche____ Membership____ Cycle____
First Bill Date _____ Final Reads _____

Improving the Quality of Life, the Cooperative Way.



www.ejwatercoop.com



108 S Main St | Dieterich, IL 62424 | P.O. Box 8



ejwater@ejwatercoop.com



(217) 925-5566



- I (we) agree to pay a 10% penalty to each bill that is unpaid fifteen (15) days after mailing. If any bill remains unpaid thirty (30) days after mailing, the water supply to my property will be shut off by EJ Water Cooperative, and service will not be restored until the delinquency and penalty is paid in full.

I have read the above terms and conditions: _____ (Initial)

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.”

Ethnicity:

- _____ Hispanic or Latino
- _____ Not Hispanic or Latino

Race: (Mark all that apply)

- _____ White
- _____ Black or African American
- _____ American Indian/Alaska Native
- _____ Asian
- _____ Native Hawaiian or Other Pacific Islander

Gender:

- _____ Male
- _____ Female

Non-Discrimination Statement: This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with the USDA, Director, Office of Civil Rights, Washington, DC 20250-9410

I (we) understand that a fee of \$125.00 is due to EJ Water Cooperative, Inc., at 108 S. Main St., P.O. Box 8, Dieterich, IL 62424, prior to an account being created in my name.

Signature (renter)

Signature (renter)

Date: _____

Effective Date: _____

OWNER INFORMATION

I/We, the owner, understand that EJ Water Cooperative, Inc. bills my renters as a convenience to me and any remaining balance left on this account, over the \$100 deposit, after the renter moves out will be considered my responsibility. I/we understand that as owner of this account I can monitor the account activity at any time by reaching the EJ Water Cooperative office.

Signature (Owner)

Signature (Owner)

Date _____

Owner's Contact Information: _____