



# NORTH MORGAN WATER CO-OP

PO Box 1566  
Jacksonville, IL 62651

(217) 204-6042

## USER'S CONTRACT FOR NEW SERVICE ON EXISTING LINE

I/We desire service for my \_\_\_\_\_ located at \_\_\_\_\_  
(home, business, farm)

I/We agree to pay to the North Morgan Water Cooperative, Jacksonville, IL, a connection fee in the amount of **\$2250.00**. In addition, if the installation of the customer meter, will require crossing a railroad, federal highway, or state highway, the tap-on fee will be increased by the additional cost of crossing the highway or railroad. I also agree to provide an easement for a water main across my property.

I/We agree to become a customer of the system as soon as service is available to my property and pay the charges required by the Rules, Rates and Regulations to be adopted by the governing board **including the monthly minimum once the meter pit is installed** (\_\_\_\_)(please initial). In the event I/we breach this contract by refusing or failing, without just cause, to connect to the system or pay the minimum monthly rate, I/we understand that I/we forfeit my initial connection fee. Should I/we desire service at some later time, I/we understand that I/we must pay the connection fee in effect at that time. I/we further understand that unpaid bills shall constitute a lien upon my real estate and legal action can be pursued to collect the delinquent charges.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature(s) \_\_\_\_\_

Customer Name (please print): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

FOR STATISTICAL PURPOSES ONLY: (Optional)

White, not of Hispanic Origin \_\_\_\_\_; Black, not of Hispanic Origin \_\_\_\_\_; American Indian or Alaskan Native \_\_\_\_\_; Hispanic \_\_\_\_\_; Asian or Pacific Islander \_\_\_\_\_

North Morgan Water Coop. is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).



### RECEIPT FOR CONNECTION FEE

The North Morgan Water Cooperative hereby acknowledges receipt of \$\_\_\_\_\_, from \_\_\_\_\_ representing a connection fee, subject to the terms and conditions contained in the User's Contract.

Date \_\_\_\_\_ Representative \_\_\_\_\_