



NORTH MORGAN WATER CO-OP

Form RD-IL 1780-1
Revised 10/1/2019

PO Box 1566; Jacksonville, IL 62651-1566
Phone: 217-204-6042; Email: nmwc00@gmail.com

USER'S CONTRACT

Your local officials are making efforts to develop a water system for the area. To determine the feasibility and the desire for such services, you are asked to make the following agreement:

I desire service for my _____ located at the following address:
(home, business, farm) (select one)

I agree to pay North Morgan Water Cooperative, Jacksonville, Illinois an advance connection fee in the amount of _____ \$250 _____ Dollars payable as follows: _____ \$50.00 _____ Dollars upon the execution of this agreement and the balance of _____ \$200.00 _____ Dollars upon demand. I also agree to provide an easement for a water main across my property using USDA Form RD-IL 442-20, or its equivalent.

I 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 of the Cooperative, **including the monthly minimum once the meter pit is installed (_____) (please initial)**. In the event I breach this contract by refusing or failing, without just cause, to connect to the system or pay the minimum monthly rate, I understand that I forfeit my initial connection fee. Should I desire service at some later time, I understand that I must pay the connection fee in effect at that time. I further understand that unpaid bills for water service to my property shall constitute a lien upon my real estate and legal action can be pursued to collect the delinquent charges.

In the event the required number of users are not obtained or for some other reason the project cannot continue, the user fees will be used to pay organizational, legal or engineering expenses. After paying all expenses, any remaining connection fees will be prorated to each depositor.

Dated this _____ day of _____, 20____. _____
Signature

Customer Name (please print): _____

Billing Address: _____

City, State & Zip: _____

Telephone: _____ Email: _____

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, ethnicity and sex of applicants on the basis of visual observation or surname.

_____ I do not wish to furnish this information.

Ethnicity:

- _____ Hispanic or Latino
- _____ Not Hispanic or Latino

Sex:

- _____ Male
- _____ Female

Race: (Mark all that apply)

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



This institution is an equal opportunity provider and employer.

RECEIPT FOR ADVANCE CONNECTION FEE DEPOSIT

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

Date

Representative



NORTH MORGAN WATER CO-OP

PO Box 1566; Jacksonville, IL 62651-1566
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Dated this _____ day of _____, _____.

Signature

Customer Name: _____

Billing Address: _____

City, State & Zip: _____

Telephone: _____

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, 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.



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Date

Representative