

APPLICATION FOR SERVICE

PEOPLES WATER SERVICE COMPANY OF FLORIDA, INC.

CONDITIONS:

I, the undersigned Applicant (herein called the "Customer") hereby request to be supplied with water by PEOPLES WATER SERVICE COMPANY OF FLORIDA, INC., (herein called the "Company"). I understand that it is required that all water service provided to Customers will be separately metered by individual meters to each separate residential premises, each separate place of commercial business, and each separate industrial, manufacturing, or municipal concern. No collective or combined metering of these separate premises for the purpose of circumventing tariffs or for any other purposes will be allowed. Each meter will represent a separate billing account.

I agree to pay monthly at the schedule of rates and fees currently in effect and subject to all changes as ordered by the Public Service Commission or other appropriate regulatory agency. I agree to pay said rates for a term of not less than six (6) months once service commences at a new tap.

I agree to comply with all existing and any subsequent rules and regulations of the Company, making them a part of this agreement. I also agree not to make damage claims against the Company because of the stoppage of the flow of water, low flow, or low pressure resulting from routine water system operations, accidents, acts of God, or where necessary to make water system alterations, repairs, or improvements. I further agree to keep all plumbing and fixtures on my premises in good repair and promptly stop all leaks; to protect all plumbing, fixtures, and appliances with any appurtenance (i.e. filters, valves, backflow preventers, relief valves, etc.) necessary to guard them from damage from any product occurring in the pipes or water as a result of normal and routine treatment operations; and to protect all plumbing, etc., from damage from stoppage of flow of water, low flow, or low pressure resulting from routine water system operations, accident, or where necessary, to make alterations, repairs, or improvements. In the event that Customer requests the Company to connect, re-connect, or to otherwise take action necessary to provide water service to Customer's premise(s), and further in the event after the Company takes the action necessary to commence such water service to Customer, the Customer sustains water damage or other damages of any kind as a result of 1) defective, leaking, or inadequately-installed piping behind customer's meter point, 2) Customer's having left a faucet, valve, or other water connection turned on, or 3) other action or inaction of Customer resulting in damages, the Company and Customer agree that Company shall have no liability or financial responsibility whatsoever for any damages of any kind.

DEPOSIT: The deposit of \$ _____ is advanced to the Company by the undersigned Applicant to secure the payment of any bills due or which may become due by said applicant and for the safe return of all property belonging to the company and installed on Applicant's property. Refunds of deposits will be made in accordance with the regulations of the Public Service Commission or other appropriate regulatory agency. I agree to receive from and pay the company for all such services required on the premises at the address or addresses listed below. I also agree to abide by the Company's rules and regulations at any other address should I move to another location served by the Company in the future. I understand that as long as I occupy or control the premises at the address or addresses listed below and require the service specified herein, that I will be liable and promptly pay for all such service rendered at said address or addresses until the Company has received notice from me as the Applicant that I have moved and wish to discontinue service at said address or addresses. I also understand that current copy of the Schedule of Rates and Fees and Service Regulations of the Company are available to me upon request.

For failure to comply with this agreement, or any part thereof, the Company may cut off the water from such premises without notice to me, except in the case of non-payment of bills. For non-payment of bills, the Company will notify the Customer of his arrears (past due) bill on the next following bill or on a separate second notice mailed to the customer (at the Company's choice), and cut-off for non-payment will follow after the appropriate period. Discontinuance of water service will result regardless of any deposits which may be held by the company to secure the payment upon final accounting. In the event of illness, infirmity or medical treatment requiring non-discontinuance of water service for non-payment, I will notify the Company in writing the problem and of my inability to meet Company payment policies. Such requests for continuance of service will be considered by the Company on their merit.

Upon discontinuing service, the above deposit will be refunded with annual interest at the rate required by law or regulations from the date of deposit to date of discontinuance of service, provided said deposit has been maintained for six (6) continuous months and all indebtedness of the Customer to the Company has been paid. If said deposit has not been maintained for six (6) continuous months, said deposit will be refunded but no interest will be paid.

The Applicant agrees that the Company has no obligation to accept this request if the Applicant's are not located adjacent to lines of the company from which the requested service may be readily rendered.

TYPE OF SERVICE:

- | | | | |
|--|---------------------------------|--------------------------------------|------------------------------------|
| 1. <input type="checkbox"/> Residential, | <input type="checkbox"/> House, | <input type="checkbox"/> Apartment, | <input type="checkbox"/> Trailer |
| 2. <input type="checkbox"/> Commercial, | <input type="checkbox"/> Store, | <input type="checkbox"/> House, | <input type="checkbox"/> Bus. Off. |
| 3. <input type="checkbox"/> Industrial, | <input type="checkbox"/> Plant, | <input type="checkbox"/> Other _____ | |

RATE:

- | | |
|--|--|
| <input type="checkbox"/> Regular Rate | <input type="checkbox"/> Private Hydrant |
| <input type="checkbox"/> Optional Rate | <input type="checkbox"/> Company Hydrant |
| No. _____ | <input type="checkbox"/> Fire Sprinkler System |

(A) APPLICANT'S NAME: _____
PRINT

(B) SERVICE ADDRESS: _____

(C) MAILING ADDRESS: _____

(D) _____
APPLICANT'S SIGNATURE

DATE

IDENTIFICATION INFORMATION

- (1) Driver's License Number: _____ State: _____
- (2) Social Security Number: _____
- (3) I.D. Other than Above: _____
- (4) Phone Number (Home): _____

APPROVED BY: _____
CASHIER-MANAGER