

APPLICATION & AGREEMENT FOR TEMPORARY WHOLESALE WATER SERVICE

_____ agrees to pay a \$1,500 deposit for the use of the Bear River
(Applicant)
 Water Conservancy District's water meter and backflow prevention device for the period of

_____ to _____ Purpose of water use: _____
(starting date) (ending date)

Meter ID # _____ Place of Use: _____

Water usage rate will be \$345.00 per acre foot. The Bear River Water Conservancy District will invoice applicant for water used at time of completion of the project. All invoices are due upon receipt. The deposit will be refunded when meter and backflow prevention device are returned along with support arm, in good working condition. In the event there are damages to the equipment provided, damages will be assessed and will be deducted from the deposit.

BRWCD will install a meter and backflow device at the connection site approved by BRWCD. Any other site or connection will immediately cancel and nullify this agreement and result in forfeiture of all deposits. Payment for any and all water used will be due immediately. Applicant will take all precautions to protect the integrity of the Bear River Water Conservancy District's water system and will not access the system at any site other than designated by this contract or other manner as to constitute a cross connection or any other threat of contamination.

Proof of insurance is required prior to any water delivery.

The District retains the right to suspend water use at designated site for whatever reason it deems necessary and for any length of time until the need is satisfied. The applicant can then resume its water usage.

By signing below the applicant understands all of the foregoing stipulations and agrees with and will abide by all rules and regulations associated with the delivery of water for the above stated place and purpose of use:

| | |
|---------------|--------------|
| Print Name(s) | Signature(s) |
| | |
| Date: | Accepted By: |

| | | | |
|--|----------------|---|---------------|
| Applicant's Name/Business Name: | | | |
| Business License Number: | | Liability Insurance Provider & Policy Number: | |
| Mailing Address | City | State | Zip |
| Service Address/ Location of connection: | | | |
| Applicant's/Business Telephone Number: | | | |
| Contact Person: | | Title: | |
| Beginning Meter Read | End Meter Read | Total Usage | Amount Billed |