

MAP # _____

ACCT # _____

FIRST READING _____

FIRST BILLING _____

ABS Water Co-Operative

415 S. Jackson

Clayton, IL 62324

Phone: (217) 812-6339 Fax: (217) 812-6341

USER'S CONTRACT NO. 4

Name of Water User: _____

Mailing Address: _____

Phone: _____ email: _____

I desire water service for my _____ located at
(Farm, Home, Business)

(County)

(Township)

(Section)

- I agree to pay the meter connection fee in the amount of **\$800.00** upon execution of this agreement.
- **I agree to comply with and be bound by the provisions of the Bylaws, and Rules and Regulations of the Cooperative, as may be adopted from time to time.**
- I agree to grant any necessary easements and to become a user upon completion of the proposed system and pay the rates and charges established by the Board of Directors. There will be no further connection charge if I connect the above property to the system within 90 days after water becomes available at my property. I agree to pay the minimum monthly rate for the duration of the Rural Development Loan in consideration of having the service made available to my property. I understand that unpaid bills shall constitute a lien upon my real estate and legal action can be pursued to collect the delinquent charges.

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Dated this _____ day of _____.

(Signature)

(Signature)

For Statistical Purposes only (Optional): ___ White, not of Hispanic origin ___ Black, not of Hispanic origin
___ Hispanic ___ American Indian or Alaskan Native ___ Asian or Pacific Islander



ABS is an equal opportunity provider and employer