**BOIS D'ARC MUNICIPAL UTILITY DISTRICT**
14101 E. FM 1396, Honey Grove, TX 75446
Tel: 903-378-7361, Fax: 903-378-3350

# TEMPORARY SERVICE REQUEST

I, _____, hereby request temporary water service from the District and agree to pay all service charges required under the District's approved Tariff (Rate Order) for such service. I acknowledge that such charges include the payment of the Temporary Service Fee, consisting of a deposit and billed gallonage charges, as listed below, plus the actual cost of installing temporary service, if any, and that these charges are non-refundable.

**Temporary Service Fee**

Deposit for **15-day** temporary service . . . . . $50.00
Deposit for **30-day** temporary service . . . . . $100.00
Water usage of 0-500 gallons . . . . . $15.00
Water usage of 500+ gallons . . . . . $15.00 plus $1.00 per addt'l 100 gal.

I understand that after 30 days, the Temporary Service Request will be re-evaluated by the District for reclassification and possible further service. I represent that temporary service is requested for purposes of inspection, clean-up following construction, moving into an existing location prior to permanent water service, or other temporary services according to the District's Tariff (Rate Order), for the property identified below and, if applicable, that I have authority to request temporary service for the property on behalf of the entity or person named below. Under this Temporary Service Request, the District may provide temporary water service for **no more than thirty (30) days** from the date temporary service is installed.

If applicable: On behalf of _____, the undersigned represents that he or she is authorized to request temporary service to the property.

Applicant: _____

Billing Address: _____

Telephone: _____ Cell/Mobile: _____

Property Description: _____

Property Address: _____

Temporary Service Fee Deposit paid: $_____ Length of Service: ___ days

Cost of Installation for _____: $_____

**TOTAL: $_____**

Signature: _____ Date: _____

Printed Name: _____ State/DL #: _____

**FOR DISTRICT USE ONLY:**

Meter No.: _____ Initial Reading: _____ Installed by: _____

Start Date: _____ End Date: _____ Meter Return Date: _____

MONTHLY TEMPORARY METER READINGS

| METER READING: | READ DATE: | READ BY: |
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MONTHLY BILLING

| AMOUNT: | BILLING DATE: | DATE PAYMENT RECEIVED: |
|---|---|---|
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| $ | | |
| $ | | |
| $ | | |
| $ | | |
| $ | | |
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