



# Boothbay Region Water District

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BBRWD.org

## Billing Agreement

For locations that have PREVIOUSLY HAD water service.

Updated 1/22

**Effective Date** MM/DD/YYYY **Account Number**

**Property (Service) Location** (Street)

(Suite / Apt. / P.O. Box)

(City) (State) (Zip)

(Map) (Lot)

**Previous Owner** (First & Last or Business Name)

**Business or Gov't Name** Preferred Name to use on Account  **Contact #**

**Applicant Name** (First & Last) Preferred Name to use on Account  **Applicant Phone #**

**Co-Applicant Name** (First & Last) **Co-Applicant Phone #**

**Applicant Email** **Applicant Date of Birth**

**Applicant Mailing Address** (Street) (Suite / Apt. / P.O. Box)

(City) (State) (Zip)

**Type of Service** Please specify the percentage the property is used for business purposes. This is for Maine State Bureau of Taxation. All water used for business purposes is taxable. If not completed, commercial property will be taxed at 100%. Must be broken down to nearest 10%.

Residential  
 Commercial  
 Government

Percentage used for Personal	Percentage used for Business	Percentage used for Government
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Do you owe any outstanding bills for water?**  
 Yes  No

**Have you filed bankruptcy within the past 6 years?**  
 Yes  No

**SS # or Fed. Tax ID**

**Driver's License #**

**Applicant Place of Employment or Source of Income** **Contact Number**

**Annual or Seasonal?**

**ANNUAL:** Year round water service at the same premises. (Quarterly Billing)

**SEASONAL\*:** Seasonal water use includes intermittent use, season after season, at the same premises. (Seasonal Billing) \*Where available.

**Release**

I/We hereby give the Boothbay Region Water District permission to release any and all information which may be deemed necessary in order for collection of any outstanding debts I/We may occur to the Water District.

**AGREEMENT TO PAY / TERMS AND CONDITIONS**

I hereby contract with Boothbay Region Water District for water service and agree to pay for the same in accordance with the established rates of said Water District until written notice is given to discontinue said water service, and to conform to all Rules and Regulations of said Water District, now in force or which may hereafter be adopted, governing the use of water.

I understand that should my property ever be rented, and the tenant has water service in their name(s) and fails to make full payment I, as the property owner, am responsible for payment and agree to indemnify and hold harmless the Boothbay Region Water District from any and all debts and costs of collection in connection with said debt.

I have read and understand the above. I have also reviewed the BRWD Terms and Conditions of Service found on the [bbrwd.org/policies](http://bbrwd.org/policies) webpage. I authorize the Boothbay Region Water District to enter the premises and access the property to inspect the service installation, normal maintenance of the water meter, evaluate, require and test backflow prevention devices, and evaluate potential usage. I further understand the estimated cost is to be paid in advance and any adjustments will be made upon completion of the work.

**EQUAL OPPORTUNITY PROGRAM**  
**Civil Rights Information Collection for USDA Financed Organizations**

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 the 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/nationality origin of individual applicants on the basis of visual observation or surname.

Recipients using application forms will provide services and benefits in the order applications are received. A current waiting list will be maintained by the date and time an application is received, name of the applicant, race/national origin and a summary of the action taken.

Above records will also reflect the number of applicants approved or rejected for the benefit or service by race/national origin. The recipient shall make a report of this information available to Rural Development employees, USDA officials, and other appropriate Federal employees, i.e., HUD or DOJ employees, as requested by telephone or written notice through an appropriate Rural Development Official.

**Race**

White  
 Black  
 Hispanic  
 American Indian or Alaskan Native  
 Asian or Pacific Islander  
 I prefer not to answer

**Sex**

Male  
 Female  
 I prefer not to answer

**Applicant Signature** **Date**

**Co-Applicant Signature** **Date**