

APPLICATION FOR WATER SERVICE AND WATER USERS' AGREEMENT
RURAL WATER DISTRICT NO. 2, LEAVENWORTH COUNTY, KANSAS
P.O. BOX 1033
LEAVENWORTH, KS 66048

The undersigned, being the owner of land located within the boundaries of Water District No. 2, Leavenworth County, hereby makes application to said District No. 2 for water service, and if water service is made available by said District, agrees to the following conditions:

1. Purchase, or cause to be purchased, one Benefit Unit for water service at the unit price of \$5,500.00.
2. Pay a minimum monthly charge for each water service from time service is made available by the District, and pay for additional water used at the rate set out in the rate schedule adopted by the Board of Directors. Any changes made in the minimum monthly water charge and rate schedule by the Board of Directors of the District shall become a part of this agreement as though fully set out herein.
3. The Rules and Regulations of the District provide that water users will read their own meters and remit payments without notice. Meters are to be read on the first day of the month and payment to be received by the 5th of the month. Bills not paid by the 16th of the month shall be subject to a late charge. There is a minimum charge per month for each membership of \$40.00 whether water is used or not. The water is not cumulative. If not used during that month, it is not credited. When application is approved, a payment book will be provided with a rate schedule for your convenience.
4. The water service supplied by the District shall be for the sole use of the undersigned. The undersigned agrees that he/she will not extend or permit the extension of pipes for the purpose of transferring water from one property to another, nor will he/she share, resell, or sub-meter water to any other consumer. Each meter service shall supply water to only one residence or business establishment located on land within the District.
5. If after water service is made available and the same is discontinued for any purpose, pursuant to the By-Laws and the Rules and Regulations of the District, reconnection shall be upon the conditions set out in the By-Laws and Rules and Regulations of the District.
6. The undersigned agrees that he/she will make no physical connection between any private water system and the water system of the District. Representatives of the District may at any reasonable time come to the premises where the water is being used for the purpose of making inspection to enforce this provision. Violation of this provision shall be grounds for disconnection of service.
7. The laws of the State of Kansas, the By-Laws of the District, and the Rules and Regulations of the District, as presently existing, and as may be amended from time to time, are made part of this agreement as though fully set out herein.
8. The tract of land to which the benefit unit is to be assigned is specifically described (legal description) as follows:

9. The District will evaluate the proposed meter location and determine proximity to existing water service lines. Any additional cost to providing a water source will be borne by the requesting people. If there is more than one potential customer, the cost will be divided equally among all parties requesting water service.

This application will be presented to the Water Board and a response will be made on their decision.

Printed Name _____
Address _____

Signed _____ Date _____

Applicant needs: Person(s) _____

A separate application will be made for each Benefit Unit to be purchased.

RETURN COMPLETED FORMS : Rural Water District No. 2, P.O. Box 1033,
Leavenworth, KS 66048

LIENHOLDERS CONSENT TO EASEMENT

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ATTEST:

STATE OF KANSAS)
COUNTY OF _____)

ss:

BE IT REMEMBERED, that on this _____ day of _____
before me, the undersigned, a Notary Public, in and for the county and state
aforesaid, came _____, who
is/are personally known to me to be the same person(s). I duly acknowledge the
execution of the same.

IN WITNESS WHEREOF, I have hereunto set my hand affixed my notary seal the day
and year last above written.

(seal)

Notary Public

My Commission Expires: _____