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 ***$1500.00*** 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 understand that unpaid bills shall constitute a lien upon my real estate and legal action can be pursued to collect the delinquent charges.

Dated this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature

\_\_\_\_\_ Hispanic \_\_\_\_ American Indian or Alaskan Native \_\_\_ Asian or Pacific Islander