

Dear Thurston PUD Customer,

Enclosed are two forms that must be completed and returned to us within 10 business days.

**Application for Service:** Please fill in all of the information.

**Cross Connection Form:** The Washington State Health Department requires us to have this on file.

A one time new account fee of \$35.00 will be billed to you on your first statement. We also check the credit history of all new applicants. It is possible that we may require a deposit of up to \$150.00.

**We have several options available for paying your water bill**

- Payments can be mailed to our office.
- Pay online at [www.thurstonpud.com](http://www.thurstonpud.com). By registering your account you will be able to view and pay your bill.
- You can set up a direct-debit. If you are interested in this, complete the enclosed Direct Debit Application and each month your payment will be automatically taken directly out of your checking account.
- Payments may be made in our office Monday through Friday from 8:00am to 4:30pm or may be left in the drop box in our parking lot.

Bills are mailed on the last business day of each month. Payments are due by the 15<sup>th</sup> of the next month. A late fee of \$5.00 will be charged if we do not receive your payment by the due date.

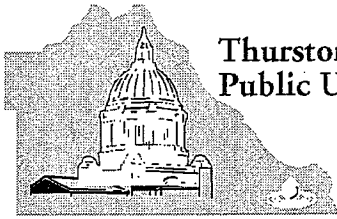
If you have any questions please call the office at (360) 357-8783 between the hours of 8:00 am-4:30 pm.

Thank you,

Thurston PUD Customer Service

**Please complete the application and return to the address below. If the application is not received by us within 10 business days, your water service may be disconnected.**

921 Lakeridge Way SW, Suite 301 – Olympia Washington 98502  
Phone (360)357-8783, Toll free (866)357-8783, Fax (360)357-1172  
e-mail [PUDcustomerservice@thurstonpud.com](mailto:PUDcustomerservice@thurstonpud.com)  
web site [www.thurstonpud.com](http://www.thurstonpud.com)



**Thurston  
Public Utility District**

Date Mailed \_\_\_\_\_

## APPLICATION FOR SERVICE

Please complete application and return to the address below. If the application is not received to us within 10 business days of service connection, to your water service may be disconnected.

**FOR OFFICE USE ONLY:**

**Service:** Water \_\_\_\_ New \_\_\_\_ Existing \_\_\_\_      **Property:** Owner \_\_\_\_ Renter \_\_\_\_

**Water System:** \_\_\_\_\_      **Parcel#:** \_\_\_\_\_

**Type of Service:** Res: \_\_\_\_ Commercial: \_\_\_\_ Irrigation: \_\_\_\_ Other: \_\_\_\_

Service Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle initial: \_\_\_\_ Last: \_\_\_\_\_

Other Authorized on Account: \_\_\_\_\_

Phone number to reach you during business hours: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_

Social Security #: \_\_\_\_\_ WDL#: \_\_\_\_\_

Spouse Social Security #: \_\_\_\_\_ WDL#: \_\_\_\_\_

Move in Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature      Owner  Renter       \_\_\_\_\_  
Date

A copy of the rates, rules and regulations mentioned in the above application is on file in this office and may be examined upon request.

Please note that a deposit may be due on accounts that do not have established credit with the District.

In the event legal action should become necessary to collect any unpaid balance due for services rendered, I/we agree to pay reasonable attorney's fees or other such costs as the Court determines proper. I agree that the venue for any legal action shall be Thurston County. I further understand that delinquent utility charges have the potential to become a lien against the property.

Thurston Public Utility District  
921 Lakeridge Way, Suite 301 Olympia, WA 98502  
(360) 357-8783 Toll Free (866) 357- 8783  
Fax (360)357-1172  
Web site: [www.thurstonpud.com](http://www.thurstonpud.com)  
e-mail: [PUDcustomerservice@thurstonpud.com](mailto:PUDcustomerservice@thurstonpud.com)

## Cross-Connection Control Reporting Form

State law requires consumers of public water supplies to inspect their facilities not less than once every five years. Completing & returning this form fulfills that requirement!

**Completion of this form is a condition of water service!**

WATER SYSTEM # \_\_\_\_\_

Customer Name \_\_\_\_\_  
 Customer Address \_\_\_\_\_  
 Phone Number Day \_\_\_\_\_ Evening \_\_\_\_\_  
 Account Number \_\_\_\_\_

	Yes	No
1. Underground lawn irrigation system?		
If yes, is it protected by a testable backflow preventer?		
2. Swimming pool or hot tub?		
If yes, is it protected by a testable backflow preventer?		
3. Photo, chemical, medical, or other lab facilities?		
If yes, is it protected by a testable backflow preventer?		
4. Private well or other source of water?		
If yes, is it protected by a testable backflow preventer?		
5. Boiler heat or water to air heat pump?		
If yes, is it protected by a testable backflow preventer?		
6. Garden hoses connected to possible contaminants?		
If yes, is it protected by a hose bibb vacuum breaker?		
7. Water softener?		
If yes, is it protected by an air gap?		
8. Residential fire sprinkler system?		
9. Animal watering troughs?		
10. Home based business?		
<b>If yes, list type/describe (e.g. beauty salon, machine shop etc.)</b>		

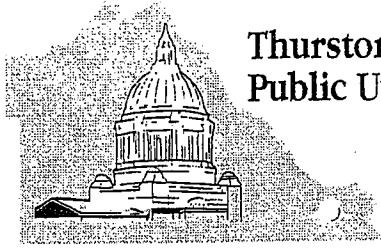
Cross connection is operated by TPUD Resolution 05-15. This resolution is available at [www.thurstonpud.com](http://www.thurstonpud.com).

If you have any questions please contact Kim at (360) 357-8783.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you,  
 This form will help prevent the accidental contamination of  
 our drinking water*

Failure to complete and return this form puts your water system in violation of State Health Department Regulation Title 179 and **you could be subject to being shut off.**

For Official Use: Date Received \_\_\_\_\_ Follow-up    yes    no



**Thurston  
Public Utility District**

Direct Debit Application

Customer Account Information

Thurston PUD Account Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Customer Mailing Address: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Bank Information

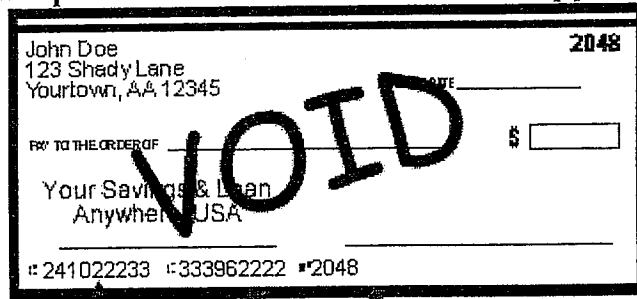
Bank: \_\_\_\_\_

Account number: \_\_\_\_\_

Routing number: \_\_\_\_\_

Account type:  Checking       Savings

**Please provide a voided check with this application**



Routing Number      Account Number      Check Number

I authorize Thurston PUD to withdraw funds directly from the account listed above for my monthly water service. I understand that my monthly bill will be debited on the 15<sup>th</sup> of every month.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Acct# \_\_\_\_\_ Date Entered \_\_\_\_\_