Community System Checklist

PLEASE READ THE FOLLOWING:

1. **Someone must be present at the time water is turned on.** If no one is home at the time the water is to be turned on we will wait 10 minutes and if no one shows we will leave without turning the water on. This is to protect the homeowner and the Housing Authority. If at the time the water is turned on a leak is detected the water will be turned off and will remain off until necessary repairs are completed.

2. **NEW Connection into existing community system.** Meeting with staff at location to determine location of home. Any required fees must be paid in full prior to connection. Home will need to have electricity on and if it is a manufactured home it must be adequately skirted or on a foundation. These fees are reviewed annually and are subject to change.

<table>
<thead>
<tr>
<th>Water connection Fee will be based upon the meter size</th>
<th>Sewer Connection fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meter Size</td>
<td>Connection Fee</td>
</tr>
<tr>
<td>¾” Residential</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>1”</td>
<td>$2,667.00</td>
</tr>
<tr>
<td>1½”</td>
<td>$6,000.00</td>
</tr>
<tr>
<td>2”</td>
<td>$10,667.00</td>
</tr>
<tr>
<td>3”</td>
<td>$24,000.00</td>
</tr>
<tr>
<td>4” &amp; Larger</td>
<td>calculated on demand</td>
</tr>
</tbody>
</table>

3. **Arlee Residents.** If you live in the Arlee Homesites or Chief Martin Charlo Homesites please be aware you will receive two statements. One from the Housing Authority for water and one from Arlee/Lake County Sewer District for sewer. If you fail to maintain your sewer bill the Housing Authority will be notified and your water could be turned off until the account with Arlee/Lake County Sewer District is paid in full or suitable arrangements have been made. In the event your water is shut off due to nonpayment of your sewer bill, a turn on fee will be added to your next monthly bill.

4. **St. Ignatius Residents** along St. Mary’s Drive and Home Addition Street, please be aware you will receive two statements. One from the Housing Authority for your sewer and one from St. Ignatius Water/Sewer District for your water.

5. If you are **renting** your landlord must complete this agreement as according to our policy this utility must be in the name of the owner.

6. Monthly charges for residential use as of May 1, 2018. These rates are reviewed annually and are subject to change. Commercial rates vary.
   a. Water $31.00
   b. Sewer $31.00
   c. Base Commercial rate is $62.00

Any questions contact

Rocki Davis
Community Systems Program Manager
AGREEMENT FOR SERVICE – RESIDENTIAL

The undersigned hereby requests Water and/or Sewer services operated and maintained by the Salish & Kootenai Housing Authority Water/Sewer Department at the address shown below. I agree to comply with all of the rules and regulations of the Water/Sewer Department making them part of this agreement. I agree to hold the Salish Kootenai Housing Authority harmless due to the stoppage of the flow of water if caused by accident or if necessary to make alterations, repairs or improvements.

I agree to keep the service lines and all plumbing and fixtures on my premises in repair and promptly repair all leaks when discovered. I also agree if I fail to maintain these my water could be turned off and will remain off until such time as the repairs are completed. In addition I would be charged the water turn on/off fee.

I agree to pay for Water and/or Sewer services used at the rates and charges established and set forth by the Confederated Salish & Kootenai Tribal Council. Water and Sewer bills are due and payable by the 1st of each month. I agree to pay all late fees, reconnect charges and all litigation costs incurred by the Water/Sewer Department if legal means are required to collect any outstanding balances.

If the department considers it necessary to ration or restrict the use of water during any hours or period of time, I agree to comply with any and all such rationing and restrictions.

Failure to comply with this agreement, or any part thereof, the Water/Sewer Department may, in addition to other remedies, elect to pursue, and/or turn off the supply of water to the premise after seven (7) days with written notice posted at the physical address stated below.

I understand that if my water is turned off for any reason that either myself or my representative must be present with the water is turned back on and that if it is discovered that there is a leak in my service at that time the water will be turned back off until such time as I have made the necessary repairs.

I agree to notify the Water/Sewer Department of any changes in my contact information.

Please make sure all below information is provided:

NAME OF HEAD OF HOUSEHOLD ______________________________________

MAILING ADDRESS ________________________________________________

P.O. BOX/STREET ADDRESS ______________ CITY ___________ STATE _______ ZIP ________

SS NUMBER ______________ DATE OF BIRTH __/__/____ NUMBER IN HOUSEHOLD: _______

TELEPHONE NUMBER (____) ________ TRIBAL ID #________ □ CSKT □ Other _____________

PHYSICAL ADDRESS: _____________________________________________ CITY: __________________

AGE OF HOME _____ Type of Plumbing pipes: □ Cooper (metal) □ Galvanized Steel (metal) □ PVC Pipes (Plastic) □ PEX (plastic)

Signature of Applicant X ___________ Date signed: __________

******************************************************************************FOR OFFICE USE******************************************************************************

□ New Connection to Community Meter size: _____ “” □ Water $ __________ □ Sewer $ __________

□ $50 Turn on Fee □ $ ______ Monthly includes □ Water □ Sewer Total Due at sign-up $ _______

□ Customer Card #: C __________ WSO # ______ Meter# __________ Reading: __________

□ Prior Occupant: __________________ C ______

Housing Representative: __________________________ Date __________________________

P.O. BOX 38 • PABLO, MT 59855 • 406-675-4491 • FAX 406-675-4495
COMMUNITY WATER SYSTEMS
Turn on/off Agreement

Client: __________________________  WSO# ________  Customer # C___________

Physical Address: __________________________  City: __________________________

WATER SERVICE:  Water account has been:
☐ Turned off at the above described location
   Due to: ☐ Non-payment of Account  ☐ Water line break  ☐ Customer request  ☐ Other
   Account balance as of turn off date: $ _____ this is for ☐ Water Account ☐ Sewer Account

☐ The account has been transferred to new owner

Date Completed: ___________  Meter Reading: ___________  Operator: _________________

*******************************************************************************FOR OFFICE USE******************************************************************************
☐ Remove Price Grouping  ☐ Remove from Program  ☐ uncheck W/S box  ☐ Scan to card  Initial _______

TURN ON WATER SERVICE
Operators please turn on the services at the above described location. Once complete please have the client or their representative sign the acknowledgment at the bottom of this page. Client has been informed that they must be present or have someone at the home when the services are turned back on.

Date Completed: ___________  Meter Reading: ___________  Operator: _________________

Customer charged turn on fee: ☐ Yes ☐ No, why: __________________________

CLIENT MUST COMPLETE:
I acknowledge that any fees due on my account are paid in full. If I am required to pay a water turn on fee it will be added to my next monthly billing. I also understand that I am responsible for the first month service charges.

I understand that if my water is turned off for any reason either myself or my representative must be present when the water is turned back on. If it is discovered that there is a leak in my service the water will be turned off until such time as I have made the necessary repairs.

Date: _______________  CLIENT SIGNATURE: __________________________________________

PRINTED NAME:
MAILING ADDRESS: __________________________  City: ___________  ZIP ___________
TELEPHONE NUMBER: __________________________  ☐ Mobile ☐ Land Line ☐ Message

*******************************************************************************FOR OFFICE USE******************************************************************************
☐ Application ☐ Update card/charges/check box  ☐ Scan to card  ☐ ACA – turn on fee  ☐ ACA – Monthly fee  Initial _______