



**Public Utility District No. 1
of Thurston County**

Welcome to Thurston PUD!

Enclosed are two forms that must be completed to set up your account for water service.

- **Application for Service:** Please complete the entire page.
- **Cross Connection Form:** The Washington State Department of Health requires our office to keep this document on file.

A one-time new account fee of \$35.00 will be billed 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.org. You will be able to review and pay your bill by registering online.
- Our office offers a Direct Debit service. If you are interested, please complete the attached Direct Debit Application. Payment will be drafted from your bank account around the 15th day of each month.
- Payments may be made in our office Monday through Friday from 8:00 am to 4:30 pm. A drop box is located in the office parking lot for payment drop off as well. *Please note that Thurston PUD is not responsible for any payments left in the drop box.*

Bills are mailed on the last business day of each month. Payments are due by the 15th of the each month. A late fee of \$5.00 will be charged if your payment is not received by the due date.

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

Very respectfully,

Thurston PUD Customer Service

Please complete the application and return to the address below. If you are a new homeowner, application must be received prior to sale closing date. If you are a new tenant, application must be received prior to the move-in date. Failure to submit the application by the indicated date may result in water service disconnection.

1230 Ruddell Rd SE, Lacey, WA. 98503

Telephone (360) 357-8783 • Toll Free (866) 357-8783 • Fax (360) 357-1172

Website www.thurstonpud.org • E-mail pudcustomerservice@thurstonpud.org



APPLICATION FOR SERVICE

Please complete this form and return to the address listed below. If you are a new homeowner, application must be received prior to sale closing date. If you are a new tenant, application must be received prior to move-in date.

Service _____ Mailing _____
Address: _____ Address: _____

Please complete the following. Please list your full name (do not list a nickname).

First: _____ Middle: _____ Last: _____
Social Security No.: _____ WA Driver License No.: _____
Employer: _____ E-mail Address: _____

Please complete the following for your spouse. Please list your spouse's full name (do not list a nickname).

First: _____ Middle: _____ Last: _____
Social Security No.: _____ WA Driver License No.: _____
Employer: _____

Please list at least one telephone number for your account.

Primary _____
Alternate _____
Alternate _____

The District may contact you regarding the status of your account, as well as to inform you of service emergencies or outages and/or other general news. It is the customer's responsibility to maintain current contact information with the District.

Others Authorized on Account: _____

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. 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.

A \$35.00 new account set up fee is due with the first billing.

A credit check is run for all applicants listed. A deposit may be due on accounts that do not have established credit with the District. Customer Service cannot modify an account due to credit check results.

Move-In Date (Tenant)/Sale Closing Date (Owner): _____ Owner ☐ Tenant ☐

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Water System: _____ Effective Date: _____
Parcel No.: _____ Deposit Required: _____
Comments: _____

CROSS-CONNECTION CONTROL REPORTING FORM

State law requires consumers of public water supplies to inspect their facilities no less than once every five years. Completing and returning this form fulfills that requirement!

COMPLETION OF THIS FORM IS A REQUIREMENT OF SERVICE.

Customer Name: _____

Service Address: _____

Primary Phone: _____ Alternate Phone: _____

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 bib 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?.....

If yes to number 10, please list type (e.g. beauty salon, machine shop, etc.) and describe below.

Failure to complete and return this form puts your water system in violation of State Health Department Regulation Title 179. If a completed form is not returned to our office, your water service may be subject to disconnection. Cross-connection is operated by TPUD Resolution 05-15. This resolution is available online at www.thurstonpud.org. If you have any questions, please contact our office at (866) 357-8783.

Signature: _____ Date: _____

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

OFFICE USE ONLY

Account Number:

Water System:

Initials:



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DIRECT DEBIT APPLICATION (Optional)

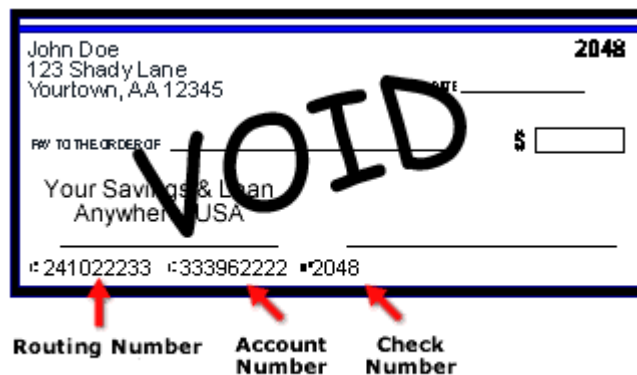
Customer Account Information

Customer Account Number: _____
Customer Name: _____
Customer Mailing Address: _____
Main Phone: _____ Alternative Phone: _____

Bank Information

Bank Name: _____
Account Number: _____
Routing Number: _____

Please provide a voided check with this application.



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 around the 15th day of every month.

Signature: _____ Date: _____

OFFICE USE ONLY

Account Number: _____ Date Added: _____ Initials: _____

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OFFICE USE ONLY – CUSTOMER NAME(S):