MEMBERSHIP CERTIFICATE
IN
COTTAGE HILL WATER WORKS, INC.

A Nonprofit Corporation Incorporated under the law of the State of Florida

Name_____

Service Address_____

_____

Mailing Address _____

_____

*Renter*_____ Owner_____

Membership Fee $_____
Service Charge $_____
Deposit $_____
Other Fee: $_____
Total Paid $_____

"Administrative Use Only"

This is to certify that the above meter deposit has been made with Cottage Hill Water Works, Inc. Deposit is security for the payment of or to be applied to any and all amounts due upon cancellation of service. The deposit is the only refundable amount. This membership certificate is issued and accepted in accordance with and subject to the conditions and restrictions stipulated in the Charter, By-laws of the corporation, and amendments to the same heretofore or hereafter made.

No member of this Corporation will be entitled to more than one vote at meetings of the members, regardless of the number of Membership Certificates held. Every person upon becoming a member of this Corporation agrees to sign such an agreement for the purchase of water from the Corporation as may from time to time be provided and required by the Corporation.

A. ***The net amount of the bill is due by the 1st of the month. A penalty of 10% of the gross amount of the bill is applied after the 10th. Failure to receive bills or notices will not prevent such bills from becoming delinquent nor relieve the consumer from payment.***

B. ***Nonpayment within the posted procedural timelines will result in the water being disconnected and fee assessed. The full balance due with fee must be paid to resume service. If the meter is turned back on by anyone other than personnel of the corporation, a tampering fee will be charged to the account holder. Fees are $100 for first offense, $200 for second offense and $300 for third offense. Further, any tampering could result in the meter being removed and the service address may be denied further water service and/or require an additional deposit payment on the account.***

C. ***ECUA sewer ____YES ____ NO. For those members on sewer, you must apply with Emerald Coast Utilities Authority (ECUA) and must abide by ECUA rules. Failure to pay ECUA will result in disruption of service until all fees are paid and under the direction of ECUA. Cottage Hill Water Works, Inc. will supply water usage readings to ECUA for all sewer customers in our franchise area.***

D. ***Commercial property _____YES _____NO. The water user has the primary responsibility to keep contaminates out of the potable water system. This responsibility begins at the user connection and includes any and all water distribution piping on the premises. The water user should prevent the creation of a cross connection by modifications of the plumbing system. If a cross connection or a potential for a cross connection exists, the water user, at the water user's expense, must install, have tested, and maintain approved back flow preventers as required by the health agency or the water supplier. If commercial service, please complete the backflow and cross connection form.***

I have read the above and agree to abide by the rules, regulations, and bylaws of this Corporation and any amendments. I understand my failure to do so may result in the cancellation of water service. I further acknowledge that the most up to date information is available on the website.

_____ _____ /_____ /_____

_____ _____ /_____ /_____

Member's Signature **Date**

Witness the Seal of the Corporation and the signature of its duly authorized officers

affixed this _____day of _____20____.

_____ _____

CHWW Staff Representative **CHWW Executive Director**

Board of Directors for Cottage Hill Water Works, Inc. Revised Date April 2026

SOCIAL SECURITY # _____/_____/_____

DRIVER'S LICENSE OR ID# _____

ISSUING STATE _____

DATE OF BIRTH _____

PHONE NUMBER (_____)_____

CELL PHONE (_____)_____

EMAIL ADDRESS _____

THE INFORMATION REGARDING RACE, ETHNICITY AND SEX DESIGNATION SOLICITED ON THIS APPLICATION IS REQUESTED IN ORDER TO ASSURE THE FEDERAL GOVERNMENT, ACTING THROUGH THE RURAL HOUSING SERVICE THAT THE FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICATIONS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, AGE, AND DISABILITY ARE COMPLIED WITH. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY. HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, WE ARE REQUIRED TO NOTE THE RACE, ETHNICITY, AND SEX OF INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME. THE RACE AND THE ETHNICITY OF EACH APPLICANT SHALL BE RECORDED ON THE APPLICATION FOR SERVICES. THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER. THE UNIVERSAL TDD NUMBER OF 711 (TDD)

ETHNICITY

_____HISPANIC OR LATINO
_____NOT HISPANIC OR LATINO

GENDER:
_____MALE
_____FEMALE

RACE (MARK ONE OR MORE)

_____AMERICAN INDIAN /ALASKA NATIVE
_____ASIAN
_____BLACK OR AFRICAN-AMERICAN
_____NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
_____WHITE OR CAUCASIAN

I ATTEST THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE. BEFORE SIGNING THIS DOCUMENT, VERIFY THAT THE CONTENT IS CORRECT.

_____ _____ /_____ /_____

_____ _____ /_____ /_____
Member's Signature **Date**

COTTAGE HILL WATER WORKS

BACK FLOW AND CROSS CONNECTION CONTROL

COMMERCIAL/BUSINESS NAME _____

TYPE OF BUSINESS _____

PHONE NUMBER _____

SERVICE ADDRESS_____

SERVICE/METER INSTALL EXISTING _____ NEW TAP_____

BACKFLOW TYPE _____SIZE_____ DATE OF INSTALL (or Last Inspection) _____

MODEL NUMBER_____ SERIAL NUMBER _____

BACKFLOW TYPE _____SIZE_____ DATE OF INSTALL (or Last Inspection) _____

MODEL NUMBER_____SERIAL NUMBER _____

CHECK OFF ANY OF THE FOLLOWING ITEMS LOCATED ON THE PROPERTY OR BUILDING

1. IRRIGATION SYSTEM
   A. WITH CHEMICAL ADDITIVES____ RPBA
   B. WITHOUT ADDITIVES _____ DCVA.AVB,PVB

2. COOLING TOWERS
   A. WITH CHEMICAL ADDITIVES_____ RPBA
   B. WITHOUT ADDITIVES _____ AG,RPBA

3. SOLAR DOMESTIC HOT WATER SYSTEM _____ DCVA,RPBA
4. ORNAMENTAL FOUNTAINS_____ DCVA,AVB,PVB
5. DECREASING EQUIPMENT_____ DCVA
6. SWIMMING POOL
   A. PUBLIC_____ RPBA,AG
   B. PRIVATE_____ PVB,AG
7. FIRE SUPPRESSION SYSTEM (TOXIC LIQUID FOAM CONCENTRATES)_____
8. MEDICAL EQUIPMENT REQUIRING WATER SUPPLY_____ AVB,PVB,RPBA
9. PREMISES WHERE INSPECTION RESTRICTED_____ RPBA
10. ANY BUSINESS ASSESSED AS HEALTH HAZZARD_____ RPBA explain _____

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MEMBER SIGNATURE_____ DATE_____/_____/_____