SALISH KOOTENAI HOUSING AUTHORITY
OF THE FLATHEAD RESERVATION

AGREEMENT FOR SERVICE - RESIDENTIAL

The Undersigned hereby requests Water and/or Sewer service operated and maintained by the Salish & Kootenai Housing Authority Water/Sewer Department at the address stated 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 claim no damage on this account 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 all plumbing and fixtures on my premises in repair and promptly stop all leaks when necessary.

I agree to pay for Water and/or Sewer services used at the rates and charges established and set by Confederated Salish & Kootenai Tribal Council. Water and Sewer bills are due and payable by the 10th of each month a $ 10.00 late fee will be imposed after the 10th of the month. I agree to pay all late fees, reconnect charges an 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 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

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

TELEPHONE NUMBER (_____) _____ _____ ☐ CSKT ☐ Non-Tribal
TRIBAL ID NUMBER ☐ Other Tribe _____

PHYSICAL ADDRESS: _____ CITY: _____
MOVE IN DATE: _____ ***SOMEONE must be home at the time service is turned on***
☐ Own ☐ Rent (Landlord: _____ Telephone Number: _____)

Signature of Applicant X _____ Date signed: _____

FOR OFFICE USE:

☐ $50 Turn on Fee ☐ $ _____ Monthly includes ☐ Water ☐ Sewer **Total Due $** _____
Other Fees: $ 10.00 Monthly Late Fee ☐ $ 25.00 Transfer Fee (water still on, new occupant)
☐ Customer Card #: C_____ CS: _____ Account # _____
☐ Prior Occupant: _____ C_____ Prior Occupant Account balance $ _____

Housing Representative: _____ Date _____

P.O. BOX 38 • PABLO, MT 59855 • 406-675-4491 • FAX 406-675-4495