

M.E.N. Water Supply
PO Box 3019
Corsicana, TX 75151
Phone/Fax (903)872-1899

Date _____ 20 _____

METER STANDBY RATE REQUEST

OWNER NAME: _____ METER # _____

ADDRESS: _____ LOCATION: _____

TO: MEN WATER SUPPLY CORP.
PO BOX 3019
CORSICANA, TX 75151

I _____ hereby request that our water meter membership be place on MEN's Stand By Rate of **\$15.58** per month. I understand that under this rate that **NO water may be used** and that my meter, if in place, for usage or leaks. In the event that my meter shows any usage, the Stand By Rate will be automatically discontinued and regular billing will be resumed. This rate is subject to change at the direction of MEN's Board of Directors. I request that this rate begin with the next full billing period after: _____ (date) and end on _____ (date) or Future date when notified.

I further request that meter be:

_____ Turned off and locked or sealed at an extra charge of \$ _____
_____ Removed at a charge of \$ _____

If meter is locked off or removed, there will be a charge equal to above in effect at the time of a request to have water service restored. If meter has not been set other Fees may be applicable.

Bills should be sent to the above address or to: _____

OR

_____ I would like to make arrangements for bills to be paid in advance.

Signed: _____ Date: _____
Member or Agent