



## Hungry Horse County Water & Sewer District

528 Colorado Boulevard, Hungry Horse, MT 59919 | 406-387-5694  
PO BOX 190309, Hungry Horse, MT 59919 | hungryhorsewater@gmail.com

### APPLICATION FOR WATER SERVICE

THE UNDERSIGNED APPLICANT HEREBY REQUESTS TO BE SUPPLIED WITH WATER BY THE HUNGRY HORSE WATER AND SEWER DISTRICT FOR THE PURPOSE STATED HEREON, AND NONE OTHER.

IN CONSIDERATION OF GRANTING THIS PERMIT, THE UNDERSIGNED AGREES:

1. To accept and abide by all provisions of the Hungry Horse Water and Sewer District's Rules and Regulations, and all other ordinances or regulations that may be adopted. This includes but is not limited to the prohibition of installing any branch or extension to the system.
2. Applicant is responsible for any and all excavation costs.
3. To maintain the water service lines at no expense to the District.
4. To notify the District Operator within 24 hours when the building water is ready for inspection and connection to the public water, but before any portion of the work is covered.
5. Plans and specifications for the proposed building water are attached hereto.
6. Certificate of septic approval is attached hereto.
7. In any action brought by either party to enforce any of the terms of this agreement, the prevailing party in such action shall be entitled to such reasonable attorney fees and costs as the court or arbitrator shall determine just.
8. Applicant will indemnify and hold harmless the District from any and all claims, liabilities, or damages including attorney fees, resulting from the improper or unauthorized use, connection or operation of any line, service or equipment.
9. Upon approval of this Application, I am entering into a contract with Hungry Horse Water and/or Sewer District.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Customer First & Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/PO BOX \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. 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/national origin of the individual applicants on the basis of visual observation or surname.

Ethnicity:  Hispanic or Latino  Other: \_\_\_\_\_ Sex:  Male  Female

Race:  White  Black/African American  Indian/Alaska Native  Asian  Native Hawaiian/Pacific Islander

Address of Connection: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

Nature of Service: \_\_\_\_\_

Type of Service:  Residential (Single Family Unit ONLY)  Commercial Specify Type: \_\_\_\_\_

Type of Line & Size of Connection: \_\_\_\_\_

Estimated Date of Connection: \_\_\_\_\_

Flathead County Septic Permit Approval Number: (Attach Copy) \_\_\_\_\_

**PLEASE NOTE:** It is the responsibility of the property owner to secure Flathead County road encroachment permits. All contractors working on district owned equipment must be licensed, insured, bonded (minimum \$1,000,000 in liability) and show proof of Montana worker's compensation insurance. Proof of insurance is required prior to excavating and connection. Cost of installations and appurtenances are the responsibility of the property owner.

**APPLICATION FEE MUST BE SUBMITTED PRIOR TO THE PROCESSING OF THIS APPLICATION**  
**Upon General Manager approval, the remaining costs are required to be paid a minimum of one week prior to connection.**

Mail this completed form with payment to: Hungry Horse Water, PO BOX 190309, Hungry Horse, MT 59919

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**COSTS:** (Based on 3/4" meter size, contact General Manager for larger size meters)

Application Fee:  \$75 Residential  \$125 Commercial Date Paid: \_\_\_\_\_

Plant Investment Fee: \$2,500 Date Paid: \_\_\_\_\_

District Supplies Fee: \$ \_\_\_\_\_ (at cost) Date Paid: \_\_\_\_\_

Final Processing Fee: \$50 Date Paid: \_\_\_\_\_

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**FOR OFFICIAL USE ONLY**

General Manager Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Person/Company Performing Work: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date Inspected: \_\_\_\_\_ Date Approved: \_\_\_\_\_