



WATER SERVICE APPLICATION

Form revised 9/24/2014

APPLICATION TYPE

New Service Update Billing Information Discontinue Service Other (explain in special instructions below)

SERVICE TYPE

Residential (check below if applicable) Commercial (check below if applicable) Fire Hydrant Meter

Owner Occupant Owner Occupant

Landlord/Property Manager Landlord/Property Manager

Renter/Tenant Renter/Tenant

WATER SERVICE INFORMATION

Service Start Date (no weekends or Holidays for new or discontinued service): _____

Service Address: _____

BILLING CONTACT INFORMATION

Billing Name: _____

Billing Contact (if billed to company or organization): _____

Billing Address: _____ City/State/ZIP: _____

Day Phone: _____ Evening Phone: _____

Drivers License Number: _____ State Issued: _____

ACCOUNT PRIVACY

With your written authorization the Town of Northlake can withhold the release of your personal information (i.e. phone number, social security number, address) pursuant to Section 182.052 of the Texas Utilities Code. Do you want your personal information associated with your water service account kept confidential? **Yes, keep my personal information confidential** **No**

BILLING OPTIONS

Utility bills are sent on the last day of the month and can either be sent via e-mail or postal service. Please let us know how you would like to receive your bill:

Yes, please send my bill via e-mail. My e-mail address is: _____

No, I do not want my bill sent via e-mail. Please send my bill via postal service

SPECIAL INSTRUCTIONS

ACCOUNT AUTHORIZATION

By signing below I understand that I am responsible for this account and that all bills must be paid on or before the due date or be subject to late charges and or possible termination of service.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Deposit Date: _____ Account #: _____

Deposit Amount: _____ Cash/Check #: _____



WATER SERVICE AGREEMENT

PURPOSE - The **Town of Northlake** is responsible for protecting the drinking water supply from contamination or pollution; which could result from improper private water distribution system construction or configuration. The purpose of this service agreement is to notify each customer of the plumbing restrictions, which are in place to provide this protection. The **Town of Northlake** enforces these restrictions to ensure the public health and welfare. Each customer must sign this agreement before the **Town of Northlake** will begin service. In addition, when service to an existing connection has been suspended or terminated, the **Town of Northlake** will not re-establish service unless it has a signed copy of this agreement.

- I. RESTRICTIONS** - The following unacceptable practices are prohibited by State regulations:
- A. No direct connection between the public drinking water supply and a potential source of contamination is permitted. Potential sources of contamination shall be isolated from the public water system by an air-gap or an appropriate backflow prevention device.
 - B. No cross-connection between the public drinking water supply and a private water system is permitted. These potential threats to the public drinking water supply shall be eliminated at the service connection by the installation of an air-gap or a reduced pressure zone backflow prevention device.
 - C. No connection which allows water to be returned to the public drinking water supply is permitted.
 - D. No pipe or pipe fitting which contains more than 8.0% lead may be used for the installation or repair of plumbing at any connection which provides water for human use.
 - E. No solder or flux which contains more than 0.2% lead can be used for the installation or repair of plumbing at any connection which provides water for human use.

III. SERVICE AGREEMENT - The following are the terms of the service agreement between the **Town of Northlake** and the Customer.

- A. The **Town of Northlake** will maintain a copy of this agreement as long as the Customer and/or the premises is connected to the Water System.
- B. The Customer shall allow his property to be inspected for possible cross-connections and other potential contamination hazards. These inspections shall be conducted by the **Town of Northlake** or its designated agent prior to initiating new water service; when there is reason to believe that cross-connections or other potential contamination hazards exist; or after any major changes to the private water distribution facilities. The inspections shall be conducted during the **Town of Northlake's** normal business hours.
- C. The **Town of Northlake** shall notify the Customer in writing of any cross-connection or other potential contamination hazard, which has been identified during the initial inspection or the periodic re-inspection.
- D. The Customer shall immediately remove or adequately isolate any potential cross-connections or other potential contamination hazards on his premises.
- E. The Customer shall, at his expense, properly install, test, and maintain any backflow prevention device required by the **Town of Northlake**. Copies of all testing maintenance records shall be provided to the **Town of Northlake**.

IV. ENFORCEMENT - If the Customer fails to comply with the terms of the Water Service Agreement, the **Town of Northlake** shall, at its option, either terminate service or properly install, test, and maintain an appropriate backflow prevention device at the service connection. Any expenses associated with the enforcement of this agreement shall be billed to the Customer.

Name (please print)

Signature

Date

Address

City

State

Zip

Town of Northlake, Texas

Public Notice Requirement for Notification Upon

Usage of Chloramines

On December 19, 2013, the Harvest Pump Station started using chloramines for its disinfectant serving customers within the Harvest sub division. This change is intended to benefit our customers by reducing the levels of disinfection byproducts (DBPs) in the system, while still providing protection from waterborne disease.

However, the change to chloramines can cause problems to persons dependent on dialysis machines. A condition known as hemolytic anemia can occur if the disinfectant is not completely removed from the water that is used for the dialysate. Consequently, the pretreatment scheme used for the dialysis units must include some means, such as a charcoal filter, for removing the chloramine prior to this date. Medical facilities should also determine if additional precautions are required for other medical equipment.

In addition, chloraminated water may be toxic to fish. If you have a fish tank, please make sure that the chemicals or filters that you are using are designed for use in water that has been treated with chloramines. You may also need to change the type of filter that you use for the fish tank.

Any questions or concerns, please contact Town of Northlake Public Works Director at 940.242.5704 or by mail: 1400 FM 407, Northlake Texas 76247.



Understanding Your Utility Bill

Welcome to the Town of Northlake. As a new customer to the Town's utility services we would like to take a moment to explain your services to you. Your utility bill will have charges for water, CareFlite, and depending upon where your residence is located you may be billed for wastewater service. If you live within the Town limits your household waste service is provided by Progressive Waste Solutions and they provide their own billing for service. To establish an account with Progressive please call 800-909-9061. If you live in the Harvest community please check with your HOA for information regarding household waste service.

The utility bills are sent to customers on the last day of each month. On average your utility bill can range from 25-35 days of service in a billing cycle and meter readings occur during the third week of each month. Your monthly bill is due 15 days after billing; utility payments received after 15 days will be subject to a 10% overdue balance fee or a \$10.00 minimum fee, whichever is greater.

Your utility bill contains a \$1.00 per month fee for CareFlite ambulatory services. The monthly fee provides coverage for your entire household so please take a moment to read the attached CareFlite information.

If you receive wastewater service from the Town, your utility bill will contain a separate fee for this service. For residential accounts, the Town utilizes a winter averaging program for wastewater service. Until a winter average can be established, your wastewater bill is based on an interim winter average of 8,000 per month. The winter average program creates a fixed monthly charge for wastewater service that is charged to your account for a period of 12 months. The averaging method works as follows:

In March of each year your account will be averaged based upon your water consumption during the months of December, January, and February. The average consumption result will be applied to your account resulting in fixed amount that will be charged to your account during the next 12 months.

Our Public Works staff is sensitive to the security of your household and pets. The Town utilizes radio meter reading technology so that personnel will not enter your property unless there is a problem with the meter. In addition, the radio reading technology is extremely accurate and eliminates human reading errors.

Staff members realize that having updated information is important to you and your family so please visit our website at www.town.northlake.tx.us for helpful information about the Town. If you would like to talk with a staff member please give us a call at 940-648-3290. Town Hall is open Monday – Friday from 8:00am to 4:00pm.



The Town of Northlake Public Notice to All Water Customers

The Town of Northlake and CareFlite have signed an agreement to allow all customers of the Town's water system to become members of CareFlite for \$1 per month. This includes all members of each household. The contract with CareFlite was approved by the Town Council on November 14, 2013 and is effective January 1, 2014. Prior to the Council's action approving the agreement, a town survey was conducted. The survey results were 4 to 1 in favor of implementing the agreement with CareFlite.

CareFlite, a 501 (c) 3 non-profit company, brings a very high quality air and ground ambulance service to the citizens of Denton County. CareFlite is the oldest joint-use air medical program in the United States and is celebrating its 35th anniversary of service to North Texas in 2014. In that time, CareFlite has transported over 700,000 patients by air and ground ambulance. CareFlite has a helicopter based at the Denton Airport. CareFlite has the only medical helicopter based in Medstar's operating area in and around Fort Worth and the only general use medical helicopter based in Dallas County. A ground ambulance is based at Texas Health Presbyterian Denton Hospital which is used primarily for inter-facility transports from one hospital to another. CareFlite works closely with your local Fire Department. In all emergencies, dial 911. More information is available at www.careflite.org.

As part of the agreement with CareFlite, the Town will add \$1.00 to each monthly water bill to provide a Caring-Heart Membership for each household. The Caring-Heart Membership protects your entire household against the out of pocket expenses of a CareFlite ground or air ambulance transport. If you have insurance, you will not receive a balance bill. If you have no insurance, you will automatically receive a 50% discount from CareFlite. Complete details and program rules are available at www.careflite.org. The Town will provide CareFlite with a monthly list of participating households. Failure to pay your water bill will terminate your CareFlite membership. Anyone who lives in the Town but does not receive a water bill can also participate in this program by obtaining and completing a special CareFlite membership application available at Northlake Town Hall and paying the \$12 annual cost when submitting the application.

While we strongly encourage everyone to protect their family with this program, anyone who does not wish to be included can opt out by filling out a short form that the coverage is not desired at any time. The forms may be picked up at the Town Hall or you can also find the form on our Town website at www.town.northlake.tx.us. Household members covered by Medicaid are not eligible for membership by state regulation.

For questions about CareFlite and/or Membership, please call the Caring-Heart Member Services Office (877) 339-2273 during regular business hours. For questions about the water system or your bill, please contact the Northlake Town Hall (940) 648-3290.

In all emergencies, dial 911.





Caring – Heart Membership Program

FREQUENTLY ASKED QUESTIONS

1) What is a Caring Heart Membership?

The membership protects you and your household against out of pocket expenses if you have insurance. The typical payment from insurance is 45 to 50 % leaving the rest to be paid by the patient. If you are a member with insurance, you don't get balanced billed for that amount. If the patient has no insurance, then the membership automatically entitles the member to a 50% discount from CareFlite's standard charges.

2) Who is covered? What is our definition of a family? How about kids in college?

Everyone lives in the household and is listed on the application. Kids in college are covered because they are dependent on the parents to pay their college costs and if they maintain the household as their primarily residence. (IE tax return shows home address or they vote at the polling place where the household is located.) Medicaid recipients are excluded from the program by law. Other household members are covered.

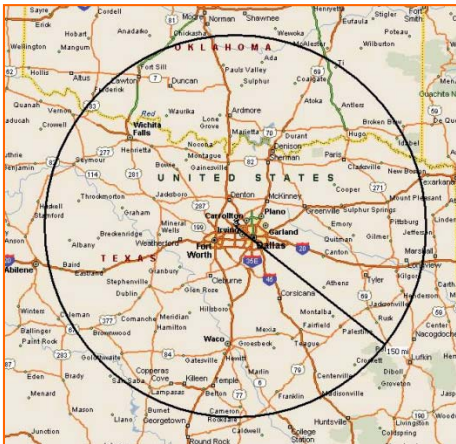
3) Children of divorced parents? How about parents or in-laws?

If you have any level of custody of the child or children and you list them on your application, they are covered regardless of their location within CareFlite's service area. If your parents or in laws live with you, they are covered regardless of their location within CareFlite's service area.

4) What is the cost? How can you offer the membership at such a low cost?

Membership costs \$1 per month per household if paid through your water bill from the Town of Northlake. CareFlite is a 501(c)3 non-profit so it doesn't have the same expenses and financial issues as a for profit company. Second, the membership program, which by state regulation is an EMS membership program and not insurance, does operate financially like an insurance program in that the risk is spread over the entire membership group.

5) What is CareFlite's coverage area?



CareFlite Helicopter Service



Fixed Wing Air Ambulance Service



Reciprocal Membership Benefits

CareFlite membership coverage areas shown above plus Ground Ambulance and/or 911 EMS service is currently offered in all or portions of the following counties: Collin, Dallas, Denton, Ellis, Erath, Hill, Hood, Johnson, Palo Pinto, Parker and Tarrant. No service offered to/from Mexico. CareFlite's Membership Program's air benefits are honored by Air Life and Halo Flight in their service areas. Your membership covers any CareFlite ambulance transport regardless of originating location.

More information is available at www.careflite.org or call (972) 339-4248. In all emergencies, dial 911.

CareFlite is a 501(c)3 Not For Profit Air and Ground Ambulance Service Sponsored by:



WWW.CAREFLITE.ORG MEMBERSHIP (877) DFW CARE

CareFlite 3110 S. Great Southwest Pkwy., Grand Prairie, TX 75052



3110 S. Great Southwest Pkwy.
 Grand Prairie, Texas 75052
 (877) 339-2273 Membership
 Fax: 972-660-8821

Caring – Heart Membership Application

The Town of Northlake and CareFlite have partnered together to allow all customers of the water system to become members of CareFlite for \$1 per month through their water bill. This includes all permanent family members of your household at no additional cost as listed below.

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

City: _____ Zip Code: _____ Phone # (____) _____

Date of Birth: _____ Male Female Email _____

Do you have health insurance? Yes No If you answered Yes to this question, please list your primary health insurance company:

Other Family Members of Your Household:

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Male Female

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Male Female

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Male Female

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Male Female

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Male Female

(For additional household family members, please copy this page and attach to this application)

By submitting this application, I agree (on my behalf and on behalf of my family) in consideration of the benefits provided to abide by the terms of the Caring-Heart Membership Program, which are shown on the back of this application. I request payment of authorized Medicare or other insurance benefits to me, or on my behalf, to be paid to CareFlite for any emergency services and supplies furnished to me or my household family members by CareFlite. I authorize any holder of any of my medical information or that of my household family members to release that information to CMS, its agents or carriers, or CareFlite in order to determine benefits payable on my behalf or on behalf of my family members, now and in the future. This agreement and authorization is executed on my own behalf and on behalf of the other members of my household, if they are minors or otherwise unable to sign. **I understand that under Texas rule 157.11 if I or a household member is a Medicaid recipient, than I am not allowed to have them on this application.** Therefore I am stating that I have not listed on this application anyone that is a Medicaid recipient. If a household family member subsequently becomes a recipient of Medicaid, I will notify CareFlite in writing of this change immediately. I warrant that all of the information on this application is true and correct. CareFlite reserves the right to request documentation to verify the accuracy of any such information. I acknowledge that membership in CareFlite's Caring-Heart Membership Program is an EMS membership in a program sponsored by CareFlite and is not a membership in CareFlite's non-profit entity as the term "membership" is contemplated under the Texas Non-Profit Corporation Act.

 Signature

For CareFlite Office Use Only	
Date Received: _____	Membership # Assigned: _____



3110 S. Great Southwest Pkwy.
Grand Prairie, Texas 75052
Members Services Office
(877) 339-2273
Fax: 972-660-8821



Caring - Heart Membership Program



PERSONS COVERED: This Agreement covers the household family members listed on the application on the reverse side provided to CareFlite, so long as they remain full-time residents (including college students) of my household. New residence family members may be added, others deleted or the household location changed by written notice to CareFlite at the address shown above. Added members will be effective as of the date the information is received by CareFlite. Medicaid recipients may not enroll by law.

EFFECTIVE DATE: The program will be effective on 01/01/2014 or the first day of the following month whenever a customer signs up through the Town of Northlake Water Utility and will abide by contracted terms between CareFlite and the Town of Northlake.

BENEFITS: Payment of the membership fee and compliance with the terms of this program/agreement entitles the member to the following benefits:

1. Emergency helicopter air ambulance services originating within 150 miles of DFW Airport for medically necessary advanced or basic life support emergency transport services from CareFlite as a result of an emergency medical condition shall pay nothing out of pocket, unless otherwise specified herein.
2. Emergency fixed wing air ambulance services for patients needing a higher level of care originating within 500 miles of DFW Airport and within the United States shall pay nothing out of pocket. For non-medically necessary fixed wing transports, CareFlite will make its best efforts to obtain insurance pre-authorization. For fixed wing air ambulance service that are not medically necessary and/or operated for patient or family convenience, CareFlite will give members a 50% discount from its standard rates.
3. CareFlite's ground ambulance and 911/EMS service will be available with its service areas. These benefits will follow the rules of this Air Ambulance membership program.
4. If CareFlite has any agreements for the reciprocal honoring of a membership benefit with other air/ground EMS providers, all Members of CareFlite shall be covered by such agreement. A list of any such agreements can be found at www.careflite.org.

PAYMENT FOR SERVICES: I understand that I am responsible for payment for any services provided to me by CareFlite, but that my membership will assist me by discharging that part of my financial liability that is not covered by insurance for those CareFlite services specified in this Agreement. This benefit is subject to certain limitations specified in this agreement. As a condition of receiving this benefit, I hereby assign (hand over) to CareFlite all rights and benefits that I or the other family members of my residence have under any and all medical, health, supplemental, worker's compensation, liability, auto or homeowner's insurance policies or plans, or from other third party payers or sources which provide coverage or would otherwise pay for ambulance services. Such payment sources are collectively referred to in this agreement as "insurance". I authorize the payment of all insurance benefits or payments to CareFlite. I understand that CareFlite will, whenever it deems it feasible, file claims for and directly collect the benefits payable from insurance up to the amount of CareFlite's charges for its services. When requested by CareFlite, I agree to complete any forms and take any other reasonable action that may be necessary to collect such amounts. If I or anyone on my behalf receives any insurance or other third party payments for services provided by CareFlite, I will promptly forward those payments to CareFlite at the address shown at the top of this form.

LIMITATIONS and CONDITIONS: Membership benefits extend to CareFlite's critical care, advanced or basic life support helicopter and fixed wing air ambulance services staffed with nurses, paramedics and pilots, Specialty Care Transport (a ground transport staffed similarly to CareFlite's air ambulance services) as well as ground ambulances staffed with quality trained paramedics and EMTs. Member benefits are not applicable to services rendered by any other provider. As a condition of receiving the benefits of membership with respect to any air or ground ambulance transport, members with insurance agree to and must comply with all coverage conditions of their applicable insurance program for such transport. Some insurance programs require the insured person to obtain prior authorization of payment for non-emergency, yet medically necessary air ambulance services. (This requirement typically applies to fixed wing air ambulance and inter-facility ground ambulance only but not to helicopter or 911/EMS emergency services.) Non-insured household family members will automatically receive a 50% membership discount on CareFlite's standard charges for the services rendered. Some plans require certain documentation from the insured within a specified time limit or the plan(s) deny or reduce coverage for ambulance services. In the event the member with insurance forfeits coverage by failing to comply with these types of requirements for a transport that would otherwise be covered by insurance, the member will then forfeit membership benefit for failing to so comply and their membership can be revoked at CareFlite's discretion. Membership is available for sale only in those counties or jurisdictions shown on CareFlite's website www.careflite.org. Ground ambulance benefits are available to all members but only in CareFlite's ground ambulance service areas. The member must hold a membership that is in good standing at the time of service and the transport must originate in CareFlite's deemed service area with CareFlite as the transporting agency. CareFlite reserves the right to deny or revoke any membership for reasonable cause. If membership is revoked then all balances are due in full. CareFlite may terminate the membership program at any time upon notice to the members. If CareFlite terminates the program, members will have any unused, prorated portion of their membership fee returned. To protect member fees, CareFlite maintains a bond with an A rated insurance company. CareFlite's Membership benefits are honored by certain other medical transport programs. Visit www.careflite.org for complete details.

CareFlite is a 501(c)3 not for profit air & ground ambulance service sponsored by:

