

**Fairview-Union Water System
Water Use Questionnaire**

Customer Account Number _____

Customer Name _____

Is the above customer name the current head of household? Circle: Yes or No

USDA Required info on head of household: Race _____ Gender _____

Service Address _____

Billing Address (if different) _____

Home Phone _____ Cell Phone _____

Email Address _____

Please indicate whether the special plumbing instances or activities listed below apply to your premises:

Yes	No	Plumbing or Activity Present on Customer's Premises
		Underground irrigation sprinkler system
		Water treatment system (e.g., water softener)
		Solar heating system
		Fire protection/sprinkler system
		Private well
		Other water supply (whether or not connected to plumbing system; e.g. lake, river, cistern, etc.)
		Sewage pumping system or grey water system (does not include individual sewer mechanical treatment plant with irrigation spray)
		Portable dialysis machine or equipment
		Boat dock/moorage with water supply
		Hobby farm
		Livestock or animal watering troughs
		Swimming pool, spa or hot tub
		Greenhouse
		Decorative pond or ornamental fountain
		Commercial dishwasher
		Baptismal font or pool
		Water hauling tank
		Chemical tank or agricultural chemical mixing tank
		Photo lab or dark room
		Home-based business. If Yes, list type or describe (e.g., beauty salon, machine shop, etc.):

Completed by (print name): _____ Date: _____

Resident Signature: _____

Return this form to FUWS, P.O. Box 315, Coushatta, LA 71019