



**BULK WATER PURCHASE AGREEMENT**

DATE: \_\_\_\_\_

PARTIES: \_\_\_\_\_

PERRYDALE DOMESTIC WATER ASSOCIATION ("ASSOCIATION")

INDIVIDUAL OR COMPANY ("COMPANY"): \_\_\_\_\_

LOCATION OF USE: \_\_\_\_\_

PURPOSE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company agrees to be responsible for and make prompt payment to Association within ten days of demand therefore of any damages to any association hydrant meter or properties affected by water usage as a result of use by Company or any agents or employees of company, of the truck fill station or a designated fire hydrant and associated water meter belonging to the association.

SECURITY DEPOSIT: A security deposit of \$500.00 is due and payable to the Association by Company prior to truck filling station or hydrant meter installation or use. The security deposit is refunded after completion of use provided there is no damage or loss to deduct. If the truck filling station or hydrant meter is lost, damaged or destroyed, all expenses of the Association caused thereby will be payable by Company using the truck filling station or hydrant meter.

ADMINISTRATIVE FEE: An administrative fee of \$200.00 will be charged by the Association and paid on the first monthly billing by Company. This fee and agreement need to be renewed after 60 days.

WATER COST: \$12.00 per 1000 gallons

Meter readings are taken by mid-month and billed the last working day of each month. All water used will be billed and are payable by Company at whatever water rates are established by the Association for such category of usage.

Company agrees to abide by all rules, regulations, and directives of the Association in connection with such truck filling station or hydrant usage.

Perrydale Domestic Water Association  
11475 W PERRYDALE RD. – AMITY, OR 97101 – PHONE: 503-835-7221 –  
OFFICE@PERRYDALEWATER.COM

Either party to this agreement may terminate this agreement and use of the truck fill station or hydrant meter upon twenty-four hours written notice to the other party.

\_\_\_\_\_  
SIGNATURE OF RESPONSIBLE PARTY  
(INDIVIDUAL/COMPANY) DATE: \_\_\_\_\_

\_\_\_\_\_  
ASSOCIATION REPRESENTATIVE DATE: \_\_\_\_\_

DATE METER INSTALLED: \_\_\_\_\_

METER READING START: \_\_\_\_\_ DATE: \_\_\_\_\_

METER READING AT COMPLETION OF USE: \_\_\_\_\_

DATE METER REMOVED; USE STOPPED: \_\_\_\_\_

TRUCK FILL STATION or FIRE HYDRANT METER # \_\_\_\_\_

INVENTORY OF ASSEMBLY USED: \_\_\_\_\_

\_\_\_\_\_  
BILLING NAME(S): \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CONTACT PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_