

UPDATE

February 2005

Public Water Supply District No. 9

391 N Rangeline Road

Columbia, MO 65201

(573) 474-9521 or (573) 474-9522 (after hours emergency #)

web site: <http://www.pwsd9.com>



) Water Usage Rate Increase

Effective with your March 2005 bill the water rate will increase to \$3.05 per 1000 gallons. This will reflect on your March usage bill, which should be to you around April 1, 2005. The District, in trying to keep costs down, has annually reviewed income and costs.

The additional revenue will be used to fund increasing operating costs and needed improvements.

Our rates continue to be lower than some of our neighboring water systems, even with the increase.

) Radionuclide Update

Please be advised that the District is continuing to work closely with the Missouri Department of Natural Resources to resolve the issue with the Radionuclide exceedance at Harg Well. We are having treatment options evaluated to correct the problem since there hasn't been much success in acquiring easements for the proposed correction of blending this water with another well. Thank you to those who worked with us on this issue. We will keep you informed of any changes. In keeping with our goal to alleviate any concerns we are continuing to operate Harg well at a minimum. This means running it about once a week to keep it in good working order until we determine how the problem will be corrected. Please review a copy of the Violation Notice at our web site or call if you have any concerns regarding this matter.

) Other Items of Interest

For your convenience we have provided an **auto-pay form** on the reverse side of this "Update". We offer **auto-debit** directly from your checking account and there is no charge to you for this service. We, also, offer **auto-credit** directly from your credit card; however, effective April 1, 2005, there is a \$3.00 fee for every transaction. If you wish to utilize this form of bill payment, please complete either the auto-debit section and attach a voided **check** or the auto-credit card section. Forms must have a valid signature. If your payment is declined by your bank or credit card company, your account will be subject to late and/or disconnection of service fees and will be removed from the auto-pay privilege.

Please Note: Effective April 1, 2005, we will be charging a \$3.00 Convenience Fee per keyed/phone credit card transaction. If you have any questions, please contact our office at 573-474-9521.

At your convenience, please investigate our **web site @ www.pwsd9.com** where you will find many avenues of interest.

The District is a member of **MO ONE CALL**. For location of facilities call **800-344-7483**.

PUBLIC WATER SUPPLY DISTRICT NO. 9
391 NORTH RANGELINE ROAD
COLUMBIA MO 65201
(573) 474-9521 OR (573) 474-9522
web site: <http://pwsd9.com>

PWSD #9 Account # _____ Parcel/W9 # _____

I hereby authorize Public Water Supply District No. 9 to charge my checking, savings and loan, credit union, or Visa/MasterCard account for the amount of the water bill. I further authorize the bank, savings and loan, credit union, or Visa/MasterCard to debit the same to such account.

Payments are to be processed on or near the 10th of each month.

Please Print

Name _____

Address _____

City _____ State _____ Zip _____

Your telephone number _____

Name of bank, savings and loan, credit union, or Visa/MasterCard

City _____ State _____ Zip _____

Bank transit number _____ Account # _____

(PLEASE ATTACH A VOIDED CHECK FOR THE ACCOUNT TO BE CHARGED)

Each keyed/phone call transaction is subject to a \$3.00 convenience fee.

Visa/MasterCard number from front and back of your card

Expiration Date _____
(# on back of card)

Your mailing (billing) address for your credit card **(Please notify our office if this address changes.)**
_____ Zip _____

This authority is to remain in full force and affect until Public Water Supply District No. 9 has received written notification from me of its termination in such time and in such a manner as to afford Public Water Supply District No. 9 and financial institution a reasonable opportunity to act on it.

Signature _____ Date _____

Printed name _____

PLEASE NOTIFY OUR OFFICE WHEN ANY OF THE ABOVE INFORMATION CHANGES.
YOUR PAYMENT **WILL BE REJECTED** IF THERE IS ANY INFORMATIONAL DISCREPANCY.
WE WILL NOT NOTIFY YOU IF YOUR PAYMENT IS REJECTED.