City of Cave Springs Arkansas

WATER SERVICE APPLICATION

Please complete the following Water Service Application and turn in the completed form to Cave Springs Water Department for new or changed water services. All Water Service Applications require a $100.00 deposit paid by cash or check made payable to Cave Springs Water Department prior to service activation. If the service address requires irrigation, an additional $100.00 deposit will be required.

NAME OF APPLICANT:_____ DATE:_____ DL #:_____

DATE REQUESTED FOR CONNECTION- HOUSE:_____

DATE REQUESTED FOR CONNECTION- IRRIGATION:_____

SERVICE ADDRESS:_____

MAILING ADDRESS:_____ CITY:_____ STATE/ZIP:_____

PREVIOUS ADDRESS:_____ CITY:_____ STATE/ZIP:_____

PHONE #:_____ WORK PHONE #:_____

EMAIL ADDRESS:_____

EMPLOYER AND ADDRESS:_____ DURATION OF EMPLOYMENT:_____

OWN: [ ] RENT: [ ] LANDLORD'S NAME:_____ PHONE #:_____

NAME OF CO-APPLICANT:_____ DL #:_____

SERVICE ADDRESS:_____

MAILING ADDRESS:_____ CITY:_____ STATE/ZIP:_____

PHONE #:_____ WORK PHONE #:_____

EMAIL ADDRESS:_____

EMPLOYER AND ADDRESS:_____ DURATION OF EMPLOYMENT:_____

NEAREST RELATIVE (NOT LIVING WITH YOU):_____

ADDRESS:_____ CITY:_____ STATE/ZIP:_____

City of Cave Springs Arkansas

WATER SERVICE APPLICATION

I/WE DO CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I/WE DO AGREE TO APPLY ALL WATER USAGE AND DEPOSITIS NECESSARY TO THE CITY OF CAVE SPRINGS. NOT PAYING FOR WATER USAGE COULD RESULIT IN DISCONNECTION, RECONNECTION FEES, LATE PENALITIES AND ADDITIONAL CHARGES.

APPLICANTS SIGNATURE:_____ DATE:_____

CO- APPLICANTS SIGNATURE:_____ DATE:_____

OFFICE USE ONLY

HOUSE METER:_____ IRRIGATION METER:_____

AMOUNT PAID:_____ DATE PAID:_____

PAYMENT TYPE: CASH [ ] CHECK [ ] OTHER [ ] IF OTHER IS SELECTED: _____

CHECK #:_____ RECEIPT #:_____

LOCATION #:_____ ACCOUNT #:_____