GRAVETTE WATER/SEWER DEPARTMENT

604 1ST AVE SE
GRAVETTE, AR 72736
PHONE: 479-787-5757
FAX: 479-787-5018

OFFICE HOURS:
MONDAY THRU FRIDAY 8:00am to 4:30pm

Welcome to Gravette! We are pleased to provide you with your water, sewer and garbage needs.

We would like to give you some general information about what you should expect in order to receive the above mentioned services.

In order for your service to be connected we require a ***$125.00*** *meter deposit to be paid in full up front before service can be turned on.*
Ordinance # 10-03 in section 6: says that the City reserves the right to increase the water deposit from $125.00 to a maximum of $250.00 for any account/user when there are 3 delinquent payments in any 12 month period, or 1 shut off in any 12 month period for non-payment.

Water meters are read around the 10th of each month. Bills will be mailed out around the 20th of each month and are due by the 5th of the following month before a late charge is added. If payment is not received before the close of business at 4:30 pm on the 15th of every month, your water will be shut off the first business day after the 15th and a penalty will be added.

If the 5th falls on a weekend or a holiday the bill can be paid the next business day without a penalty.

Also, the bills always run a month behind - so keep this in mind when you are paying your bill.

PARTICULARS: *PAYMENT FOR WATER BILLS ARE DUE BY THE 5TH*
10% PENALTY AFTER THE 5TH
SERVICE WILL BE ***DISCONNECTED THE DAY AFTER THE 15TH***

PENALTY FEE: $35.00---------M-F 8:00am TO 4:30pm
AFTER HOURS RECONNECTION/CONNECTION FEE: $75.00

TRASH COLLECTION: (TUESDAY) – *Water bills include a* ***$9.58*** *garbage fee. Please have trash set out by 7:00 am.*

GRAVETTE WATER & SEWER DEPARTMENT

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GRAVETTE, ARKANSAS
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RESIDENTIAL APPLICATION FOR WATER/SEWER SERVICE

OFFICE USE ONLY

BOOK: _____ ACCOUNT: _____ DATE TURNED ON: _____

APPLICANT, PLEASE COMPLETE THE FOLLOWING:

******ATTACH A COPY OF YOUR STATE ISSUED ID TO THE APPLICATION******

APPLICANT'S NAME _____ SOCIAL SECURITY # _____ **Last Four**

SPOUSE/CO-RESIDENT'S NAME _____ SOCIAL SECURITY # _____ **Last Four**

APPLICANT'S DATE OF BIRTH _____ SPOUSE/CO-RESIDENT'S DATE OF BIRTH _____

ADDRESS OF HOUSE _____ OWN OR RENT

MAILING ADDRESS (FOR BILLING) _____

APPLICANT'S PHONE # _____ EMERGENCY PHONE # _____

APPLICANT'S CELL # _____ SPOUSE/CO-RESIDENT CELL # _____

APPLICANT'S EMPLOYER _____ DATE EMPLOYMENT BEGAN _____

SPOUSE/CO RESIDENT'S EMPLOYER _____ DATE EMPLOYMENT BEGAN _____

DRIVER'S LICENSE #: APPLICANT _____ SPOUSE/CO-RESIDENT _____

NUMBER OF PEOPLE RESIDING IN THE HOUSEHOLD _____

IF RENT; NAME, ADDRESS, AND PHONE # FOR LANDLORD _____

ADULT 18 YRS. OR OLDER MUST BE ON LOCATION BEFORE WATER SERVICE CAN BE PROVIDED.

*****Please provide us with a DATE so that we may get your water turned on _____ *****

Water will be turned on between the hours of 8am-Noon or 1pm-4pm

I UNDERSTAND THAT CONTINUED SERVICE WILL DEPEND ON MY BILLS BEING PAID IN A TIMELY MANNER. I ALSO UNDERSTAND MY BILL WILL BE MAILED NO LATER THAN THE 25TH OF EACH MONTH AND IS DUE AND PAYABLE ON OR BEFORE THE 5TH OF THE FOLLOWING MONTH.

SIGNATURE OF APPLICANT _____

SIGNATURE OF SPOUSE/CO-RESIDENT _____

OFFICE USE ONLY

APPLICATION TAKEN BY _____ DEPOSIT AMOUNT _____

DEPOSIT PAID CASH _____ CK _____ CC _____ DEP XFER _____ WAIVED DEPOSIT _____

METER # _____ DISC # _____ RT# _____

GRAVETTE WATER & SEWER DEPARTMENT

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BUSINESS APPLICATION FOR WATER/SEWER SERVICE

BOOK: _____ ACCOUNT: _____ DATE TURNED ON: _____

APPLICANT, PLEASE COMPLETE THE FOLLOWING:
******ATTACH A COPY OF YOUR STATE ISSUED ID TO THE APPLICATION******

BUSINESS NAME _____ EIN # _____

APPLICANT NAME _____ SOCIAL SECURITY # _____ Last Four

APPLICANT'S DATE OF BIRTH _____

ADDRESS OF BUSINESS/PROPERTY _____ OWN OR RENT _____

MAILING ADDRESS (FOR BILLING) _____

BUSINESS PHONE # _____ EMERGENCY PHONE # _____

CELL PHONE # _____

APPLICANT'S EMPLOYER _____ DATE EMPLOYMENT BEGAN _____

DRIVER'S LICENSE #: APPLICANT _____

CO-OWNERS NAME, ADDRESS, & PHONE # _____

DRIVER'S LICENSE #, & DOB _____

_____

_____

IF RENT; NAME, ADDRESS, AND PHONE # FOR LANDLORD _____

_____

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*****Please provide us with a DATE so that we may get your water turned on _____ *****

Water will be turned on between the hours of 8am-Noon or 1pm-4pm

I UNDERSTAND THAT CONTINUED SERVICE WILL DEPEND ON MY BILLS BEING PAID IN A TIMELY MANNER. I ALSO UNDERSTAND MY BILL WILL BE MAILED NO LATER THAN THE 25TH OF EACH MONTH AND IS DUE AND PAYABLE ON OR BEFORE THE 5TH OF THE FOLLOWING MONTH.

SIGNATURE OF BUSINESS OWNER _____
(PERSON RESPONABLE FOR BILL)
SIGNATURE OF APPLICANT _____

OFFICE USE ONLY

APPLICATION TAKEN BY _____ DEPOSIT AMOUNT _____

DEPOSIT PAID-CASH _____ CK _____ CC _____ DEP XFER _____ WAIVED DEPOSIT _____

METER # _____ DISC# _____ RT# _____

CITY OF GRAVETTE, ARKANSAS 72736

604 1st Ave SE
(479)787-5757

OFFICE USE ONLY

ACCT #_____ ROUTE # _____ DATE ENTERED_____ ENTERED BY_____

AUTHORIZATION AGREEMENT
AUTOMATIC PAYMENT (ACH DEBITS)

I _____, hereby authorize the City of Gravette Water & Sewer, hereinafter called COMPANY, in initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account.

_____ _____
(Financial Institution Name) **(Branch)**

_____
(Financial Institution Address)

_____
(City/State/Zip)

Type of Account: _____ **Checking** _____ **Savings**

_____ _____
(Routing Number) **(Account Number)**

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____
(Print Individual Name)

_____
(Signature)

_____ _____/_____/_____
(Water Account Number) **(Date)**

****PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM****