

# GRAVETTE WATER & SEWER DEPARTMENT

604 1<sup>st</sup> Ave SE  
GRAVETTE, ARKANSAS  
(479)787-5757  
Fax: (479)787-5018

## 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 25<sup>TH</sup> OF EACH MONTH AND IS DUE AND PAYABLE ON OR BEFORE THE 5<sup>TH</sup> 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# \_\_\_\_\_