

GRAVETTE WATER & SEWER DEPARTMENT

604 1st 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 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# _____