

GRAVETTE WATER & SEWER DEPARTMENT

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

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 # _____

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 _____

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 BUSINESS OWNER _____

(PERSON RESPONSIBLE 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# _____