Application For Residential Service

Date:			
Applicants Name			
Applicants SS#	DL#	<u> </u>	
Service Address			
Phone #			
Mailing Address if differen	t from Service Address		
		**********	**
Co- Applicants Name		on over the age of 18)	
	(List any perso	on over the age of 10)	
Co-Applicants SS#	DL#	<u> </u>	
Are you renting this propert	y? NO		
Owners Name if Renting			
Owners Phone #			
Structure Type	*******		**
plumbing, open faucets, or o	other malfunctions of ap onsibility of the applica	d result from broken pipes, leaky pliances/equipment when service is nt/property owner, and Smackover	
I understand when I the app system, and it is the propert device.	licant/property owner in y owner/plumbers are re	estall a check valve this is a closed equired to install a thermo expansion	
All new customers fall unde Legislature in March 2003.	er Arkansas Bill 1389 A	ct 769 passed by the Arkansas	
Signature of Applicant			
OFFICE USE ONLY			
Deposit Amount	Deposit #	Account#	