

**APPLICATION FOR WATER SERVICE
CITY OF FAYETTEVILLE BUSINESS OFFICE**

SERVICE ADDRESS _____

MAILING (ADDRESS, CITY, ST, ZIP)
IF DIFFERENT _____

REQUESTED SERVICE START DATE _____

NAME _____ SS# _____
(FIRST, MIDDLE, LAST)

BUSINESS NAME IF COMMERCIAL _____

FED ID _____ DL# _____ ST _____

HOME PHONE _____ CELL PHONE _____

EMPLOYED BY _____ CONTACT PHONE _____

SPOUSE _____ SS# _____

SPOUSE MAIDEN NAME _____ DL# _____ ST _____

NAME OF NEAREST RELATIVE _____ PHONE# _____

ADDRESS _____
(ADDRESS, CITY, ST, ZIP)

ROOMATES _____ SS# _____

OWN _____ RENT _____ LANDLORD _____ PHONE# _____

CUSTOMER SIGNATURE _____ DATE _____

**SERVICE AGREEMENT AND DEPOSIT
CITY OF FAYETTEVILLE, ARKANSAS**

Date _____ Account # _____

Received From _____

Service Address _____

Water/Sewer # 1980 \$ _____ By _____

(agent)

Refund

Date _____

TOTAL DEPOSIT \$ _____ Check No. _____

NOTE: A clear copy of photo ID must be included with application.

This service agreement and deposit is to guarantee the due payment of any indebtedness for any city service due the City of Fayetteville, Arkansas. This deposit shall be retained in escrow, without interest, by the City of Fayetteville, Arkansas. It is expressly understood by the undersigned customer that all or any part of this deposit may to the extent necessary be applied by the City of Fayetteville at any time in satisfaction of said guarantee. The undersigned customer also agrees to comply with all rules and regulations governing city services now in effect or those that may be hereafter established by the City of Fayetteville, Arkansas. When service to the above customer at the stated address is permanently discontinued, and payment of all amounts due the City of Fayetteville are cleared, said service deposit shall be applied to the final billing and the remainder, if any, returned to the depositor.

Customer Signature _____