

APPLICATION FOR WATER SERVICE

City of Brookland
613 Holman
Brookland, AR 72417

(Please Print)

Acct No. _____

Last Name

First Name

Middle Initial

Service Address

Billing Address

Date of Birth ____/____/____

Phone# _____

SSN _____

Drivers License# _____

Employer _____

Employer Address _____ Ph# _____

Spouse's Name _____ Spouse Employer _____

Names of other occupants at this residence _____

Have you had water service with Brookland Utilities in the past? Yes or No

Previous Water Company you had service with _____

Rent _____ or Own _____

If renting, name of Landlord _____

Name of nearest person/relative to contact: _____

Address: _____ Phone: _____

Names of authorized contacts (people who we can discuss your account with) _____

In addition to paying the current meter deposit, I hereby acknowledge responsibility for payment of service billings. If service is "turned off" due to non payment, a forty dollar (\$40.00) "reconnect" fee plus full payment of bill is due, before service will be restored. If the City goes to "turn off" the meter and payment is made in full at that time, an additional twenty dollar (\$20.00) "collection fee" will be charged.

A thirty dollar (\$30.00) fee will be charged for each dishonored check. If two dishonored checks are received within a twelve month period, only cash, money order or certified check will be accepted for payment of services for the following twelve months.

In consideration for having water service initiated/restored at the above service address, I agree to ensure that all water service facilities (sinks, tubs, faucets/inside and outside, etc.) are turned off, or that someone will be on the property to check for possible leakage at the time the water is turned on. **I understand that the City of Brookland, Arkansas is not responsible for water damage to this property or its contents.**

In consideration for having water service initiated/restored at the above service address, I admit that I am the person residing at the above service address. **I understand and agree that service is subject to interruption without notice if it is determined that I am not residing at the above address.**

Date: _____

Signature: _____