



1900 Marshall Road  
Jacksonville, AR 72076  
Office Hours: 7:30am-5:00pm  
Phone: 501.982.6561

**Business/ Commercial Application for Water Service**

DATE FOR SERVICE TO BEGIN: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ SSN/TIN \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

OWNER/REPRESENTATIVE NAME: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ DRIVER'S LICENSE STATE & #: \_\_\_\_\_

SERVICE ADDRESS(S): \_\_\_\_\_

\_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PROPERTY TYPE: RESIDENTIAL \_\_\_ COMMERCIAL \_\_\_ OWN PROPERTY Y/N

OWNER/ LESSOR OF PROPERTY: \_\_\_\_\_

Phone: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

Phone: \_\_\_\_\_

APPLICANT WARRENTS THAT ALL PLUMBING IS IN GOOD WORKING ORDER AND THAT NO WATER FAUCETS ARE LEFT OPEN. IT IS FURTHER AGREED AND UNDERSTOOD THAT IF DAMAGES TO THE PROPERTY SHOULD RESULT FROM BROKEN PIPES, LEAKING PLUMBING, OPEN FAUCETS, OR OTHER MALFUNCTIONS OF APPLIANCES OR EQUIPMENT, WHEN SERVICE IS CONNECTED, THAT IS SHALL BE THE SOLE RESPONSIBILITY OF THE APPLICANT/PROPERTY OWNER; AND THAT JACKSONVILLE WATER WORKS SHALL NOT IN ANY WAY BE HELD LIABLE.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_