

Application For Water Service | City Of Jacksonville, AR

Applicant Information				
Name:		Date Applied For Service:		
Cell:	Phone:	/DOB	SSS#:	
Service Street Address:				
City:	State:		ZIP Code:	
Property Status: Own Rent (Please circle)		Property Type: Residential Commercial (Please circle)		
Drivers License State and Number				
Previous Address:				
Previous Address:				
Applicant Employment Information				
Current Employer:		/ Phone Number		
Applicant Mailing Address (if not the same as service address)				
Street Address:				
City:	State:		ZIP Code:	Phone:
Nearest Relative Not Living In Your Household/Service Address				
Name:		/Relation		
Street Address:				
City:	State:		ZIP Code:	
Phone:				
Landlord Information (as needed)				
Name of Landlord/Property Owner:				
Street Address:		Phone:		
City:	State:		ZIP Code:	
Any Other Adults Living At Service Address				
Name(s):	/ SS#	/DOB	/ Phone Number	Employer
Name(s):	/ SS#	/DOB	/ Phone Number	Employer
Name(s):	/ SS#	/DOB	/ Phone Number	Employer
Signature of applicant:			Date:	

Applicant warrants 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 it shall be the sole responsibility of the applicant and/or property owner; and the Jacksonville Water Works shall not in any way be held liable. Customer is responsible for all collection agency fees.

All new customers fall under Arkansas Bill 1389 Act 769 passed by Arkansas Legislature in March 2003