



1900 Marshall Rd Jacksonville, AR 72076  
Billing: P.O. Box 126 Jacksonville, AR 72078  
Office Hours: 8:00 A.M. - 4:30 P.M.  
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: Yes or No

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

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

EMERGENCY CONTACT (other than applicant): \_\_\_\_\_

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

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 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: \_\_\_\_\_