

City of Eureka Springs
Application for Water Service
44 S. Main
Eureka Springs, AR 72632
479-253-9703

Customer Name _____

Contact Name (BUSINESS ACCOUNTS ONLY) _____

Service Address _____

Mailing Address _____

Phone _____ Alternate Phone _____

Owner _____ Renter _____ Other _____

Name of Property Owner _____

Owner Address _____

Owner Phone _____ Cell # _____ Other Phone _____

Last 4 Digits Social Security Number xxx-xx-_____

Mother's Maiden Name (FOR PHONE VERIFICATION PURPOSES) _____

Previous Address _____

Type of Water Service:

Residential _____ Commercial _____ Irrigation Only _____

Type of Sanitation Service:

Basic Residential Trash _____ Other/Commercial _____ (Call CCSWA 253-2727)

(TRASH MUST BE CURBSIDE BY 5:00 A.M. ON WEDNESDAYS)

Effective Date of Service _____ (Monday-Friday, 8:00am – 3:00pm)

Deposit Amount _____ (Make Checks Payable to City of Eureka Springs)

Application Fee \$25.00

Total Due \$_____

Auto Bank Draft: Yes _____ (additional form required) No _____

I acknowledge that I am responsible for the payment in full by the date indicated on the monthly billing. If I plan to be out of the area at the time, I will make arrangements for payment in advance. I acknowledge if my account is not paid when due, the City will reserve the right to disconnect water service in accordance with Municipal Code.

Signature

Date

NOTE: Checks or cash only for deposits. If mailing, send to 44 S. Main, Eureka Springs, AR 72632