

HAMBURG WATER DEPARTMENT

305 EAST ADAMS/P.O. BOX 72 HAMBURG, AR 71646 ● 870-853-5279 (PHONE) ● 870-853-8134 (FAX)

APPLICATION FOR CITY WATER SERVICE

DATE	PHONE #	
NAME		
SOCIAL SECURITY #	DRIVERS LICENSE # (VALID PHOTO I.D. IS REQUIRED)	
SERVICE ADDRESS		
MAILING ADDRESS		
PREVIOUS ADDRESS		
SPOUSE	SPOUSE'S PHONE #	
LANDLORD, IF APPLICABLE	LANDLORD PHONE #	
EMPLOYMENT	EMPLOYMENT PHONE #	
CONTACT PERSON (SOMEONE OUTSIDE OF THE HOME)	RELATIONSHIP	CONTACT PHONE #

*DEPOSIT FOR CITY WATER SERVICE IS \$100.00 (\$50.00 = WATER + \$50.00 = SEWER & GARBAGE).
DEPOSIT AMOUNT MUST BE PAID IN FULL BEFORE YOUR WATER CAN BE TURNED ON.*

BY SIGNING THIS FORM YOU ARE GIVING PERMISSION FOR ANY DEPOSIT REFUND CHECK TO BE MADE JOINTLY TO HUSBAND AND WIFE.

*I HEREBY MAKE APPLICATION FOR WATER, SEWER & GARBAGE SERVICES TO **HAMBURG WATER DEPARTMENT** AT THE SERVICE ADDRESS LISTED ABOVE. I HEREBY AGREE TO PAY FOR THIS SERVICE IN ACCORDANCE WITH THE RATES OF THE **CITY OF HAMBURG** WHICH ARE NOW, OR LATER MAY BE FILED WITH, AND APPROVED BY THE PROPER REGULATORY AUTHORITIES. BY EXECUTING THIS APPLICATION I HERBY AGREE THAT SERVICE SHALL BE FURNISHED TO ME ONLY UPON COMPLIANCE BY ME OF ALL RULES, REGULATIONS AND POLICIES OF THE **CITY OF HAMBURG** NOW ON FILE AND HEREAFTER FILED AND APPROVED BY THE **CITY OF HAMBURG**. IT IS ALSO UNDERSTOOD AND AGREED THAT THE **HAMBURG WATER DEPARTMENT** MAY REQUIRE FROM ME, AS SECURITY FOR PAYMENT FOR SERVICE A CASH DEPOSIT OF SUCH AMOUNT AS SET FORTH IN RULES AND REGULATIONS ON FILE AND APPROVED BY THE **CITY OF HAMBURG**. SUCH CASH DEPOSIT WILL BE REFUNDED IN FULL, UPON DISCONTINUANCE OF SERVICE, PROVIDED ALL BILLS OWING THE **HAMBURG WATER DEPARTMENT** FOR SERVICE HAVE BEEN PAID IN FULL. (The City of Hamburg reserves the right to discontinue service without further notice, in the event that payment for service has not been received within ten days from date of bill for such service.) IN THE EVENT SERVICE IS DISCONTINUED FOR NON-PAYMENT OF BILL, SERVICE SHALL NOT THEREAFTER BE FURNISHED SAID PREMISES UNTIL ALL PAYMENTS DUE, AND THE RECONNECTION FEE AS PROVIDED IN THE **CITY OF HAMBURG** RULES AND REGULATIONS BE PAID.*

SIGNATURE _____ DATE _____ EMPLOYEE INITIALS _____

