

# HAMBURG RURAL WATER

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

## APPLICATION FOR RURAL WATER SERVICE

|  |   |                 |
|--|---|-----------------|
| DATE   | PHONE #   |                 |
| NAME   |   |                 |
| SOCIAL SECURITY #                            | DRIVERS LICENSE #<br>(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 RURAL WATER SERVICE IS \$100.00. (DEPOSITS FOR SERVICE IN THE MARTINVILLE COMMUNITY ARE \$125.00)  
DEPOSIT MUST BE PAID IN FULL BEFORE WATER SERVICE WILL BE ACTIVATED*

*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 SERVICE TO **HAMBURG RURAL WATER** 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 RURAL WATER** 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 RURAL WATER** 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 \_\_\_\_\_

