

Washington Water Authority Application For Water Service

Applicant Information

| | | | |
|---------------------------------|-------------------------|-------------------------|---------------|
| Name: | | Date: | Service Date: |
| Service Address: | | | |
| City: | State: | Zip: | |
| Mailing Address (if different): | | | |
| City: | State: | Zip: | |
| Home Telephone: | Cell : | Email: | |
| Date of Birth: | Social Security Number: | Drivers License Number: | |
| Employer: | | Employer Telephone: | |
| Employer Address: | | | |
| City: | State: | Zip: | |

Co-Applicant Information

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|--------------------|-------------------------|----------------------------|--|
| Co-Applicant Name: | | Relationship to Applicant: | |
| Date of Birth: | Social Security Number: | Drivers License Number: | |
| Cell Phone: | | Email Address: | |
| Employer: | | Employer Telephone: | |
| Employer Address: | | | |
| City: | State: | Zip: | |

Additional Information

| | | | |
|--|--------|----------------------------|--|
| Please Circle One That Applies To Property: Own Owner Finance Rent Rent-To-Own | | | |
| Property Owner(if renting): | | Property Owner Telephone: | |
| Property Owner Address: | | | |
| City: | State: | Zip: | |
| Name of Nearest Relative Not Living With You: | | | |
| Address: | | | |
| City: | State: | Zip: | |
| Telephone: | | Relationship to Applicant: | |
| Applicant Previous Address: | | | |
| City: | State: | Zip: | |

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|---|-------|
| Previous Water Service Provider: | |
| Number of Person(s) in Household: | |
| Additional Water Usage-Please Circle All that Apply: <ul style="list-style-type: none"> • Sprinkler System • Business • Swimming Pool • Agricultural | |
| <p>The undersigned applicant(s) hereby makes application to Washington Water Authority for water service as herein provided. The applicant(s) agrees that the following terms and conditions shall govern the relationship between Washington Water Authority and the applicant(s).</p> <p>The applicant(s) shall:</p> <ul style="list-style-type: none"> • Agree to fully comply with and be bound by the Articles, Policies, Rules and Regulations of Washington Water Authority, now in force or as hereafter duly and legally supplemented, amended or changed and to promptly pay for the water at the applicable schedule of rates on the specified due dates. • Agree to be fully and completely responsible for the water service yard line from the water meter to the residence. • Agree to have one residence per meter service as required by Arkansas State Plumbing Code, Section 603.2.3. • Agree and understand that WWA's responsibility ends at the meter service and WWA will not be responsible for any leaks on the customer's plumbing system. • Agree to fully comply with Arkansas State Plumbing Code and all Washington Water Authority Plumbing Inspection Policies. • Agree to have the 911 address of the residence posted and fully visible from the road before any water service is connected. <p>Applicant(s) agree by signing this form they have received a copy of and understand the current billing policies and water rates of Washington Water Authority.</p> | |
| Applicant Signature: | Date: |
| Co-Applicant Signature: | Date: |