

APPLICATION FOR WATER/SEWER SERVICE

Address For Service: _____

Applicant: _____

Date of Birth: _____

Phone Number: (____) _____

Last 4 of SNN: ***-**-_____

Co-Applicant: _____

Date of Birth: _____

Phone Number: (____) _____

Co-Applicant's Last 4 of SSN: ***-**-_____

Applicant's Employer: _____

Co-Applicant's Employer: _____

Employer Phone #: _____

Employer Phone #: _____

Has applicant(s) had service with City of Benton before? Y/N _____ If yes, when? _____

Do you owe a previous bill with the City? Y/N _____ If yes, how much? _____

Is the property inside Benton City limits? Y/N _____ Is this a mobile home? Y/N _____

Rent or Own _____

If renting, please fill out information below.

Property Owner's Name: _____

Property Owner's Address: _____

Property Owner's Phone Number: (____) _____

Date Service Requested: _____

Request Taken By: _____

I, _____, will be responsible for paying all water and sewer bills that are incurred at the address I have requested service. If they are not paid as required, I understand that my water service may be disconnected and that I will be responsible for any charges related to reconnection of service, as well as any late fees, court costs, attorney fees, and any and all extra costs to recover the payment.

Consumer Deposit Amount: _____

Date: _____

Applicant Signature: _____

E-Signed

Date: _____

Co-Applicant Signature: _____

E-Signed

Date: _____