

CITY OF BRYANT WATER & SEWER RESIDENTIAL APPLICATION

Date: _____

Applicant:

Name: _____

_____ Phone # _____ Other # _____ Driver's License # _____ Soc. Sec. # _____

Applicant's Employer: _____ Employer Phone # _____ City _____

New Service Address: _____

Mailing Address (if different than above) _____

Date for service to be turned on: _____ (24 hour notice required)

Nearest Relative NOT Living With You: _____ Relation _____

Address: _____ Phone #'s: _____

Landlord's Name (if applicable) _____ Phone # _____

Previous Water Company Name: _____ City & State: _____

Co-Applicant and/or Other Adult Occupant(s):

Name: _____

_____ Phone # _____ Other # _____ Driver's License # _____ Soc. Sec. # _____

Employer _____ Employer Phone # _____ City _____

PLEASE CHOOSE A PAYMENT OPTION FROM THE FOLLOWING:

BANK/CREDIT CARD DRAFT

ONLINE (\$3.50 FEE APPLIES)

OTHER _____

Customer Signature: _____

_____ I have received a copy of the new customer information sheet. (Please initial)

_____ Office staff initial

Office Use Only: Account # _____ Work Order # _____