CITY OF BRYANT WATER & SEWER APPLICATION

Email: waterbilling@bryantar.gov Fax: 501-943-3410

Date: _____

Application Name: _____

_____ Phone # _____ Other # _____ Driver's License # _____ Soc. Sec or Tax ID #

Email Address: _____

Employer: _____ Employer Phone#_____ City_____

New Service Address: _____

Mailing Address **(If different than above)** _____

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

Please check: Paper Statements: _____ Email Statements: _____ Both: _____

****Same day turn on or disconnect $40.00 fee required. Fee must be paid up front ****

Do you own the property _____ or leasing the property _____

Landlord's Name: _____ Phone #_____

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

Name: _____

_____ Phone # _____ Other # _____ Driver's License # _____ Soc. Sec. Or Tax ID #

Email Address: _____

Employer: _____ Employer Phone #_____ City_____

CUSTOMER SIGNATURE: _____

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

_____ Office staff Initial

Office Use Only

Account#_____ Work Order #_____