City of Bryant Transfer Application

Phone: 501-943-0441 Fax: 501-943-3410
email: waterbilling@bryantar.gov

Today's Date: _____

Name on Account_____

Transfer from Address: _____
(Where you are moving from)

Is this account on auto draft: yes_____ no_____
Routing number _____ Account number _____

Date for Water to be Turned Off_____
(The date you want the water off where you are moving from)

Transfer to Address: _____
(Where you are moving to)

Date for Water to be Turned On:_____
(The date you want the water on where you are moving to)

Mailing Address: _____
(If you get your mail somewhere other than your street address)

Phone #:_____

Transfer Fee: $15.00 (Will be Added to Your Next Bill)
Please note that your Account Number will change and must be updated if you use the Online Services.

Customer's Signature:_____

OFFICE USE ONLY:

Work Order #_____

Date Completed: _____