City of Tontitown Water Utility
PO Box 127, Tontitown AR 72770
Phone: 479-361-2700
Email: billing@tontitownar.gov
Physical Address: 235 E Henri de Tonti Blvd, Springdale AR 72762

For Office Use Only

Account# _____

Deposit $_____

Water Tap: $_____

Sewer Tap: $_____

Water Impact: $_____

Sewer Impact: $_____

Receipt# _____

RESIDENTIAL SERVICE APPLICATION - $50 Deposit required

Date of Application: _____

Service Address: _____

Parcel Number: _____ (For new meter set) (Builders)

Customer Name: _____

Mailing Address: _____ (to receive water bill)

City & State: _____ Zip Code: _____

Driver License: _____State: _____ (COPY of DL REQUIRED)

Driver's license copies are required for ALL names that will appear on the account

or

EIN #_____ (for builders/contractors only)

E-mail Address (personal email; NOT work email unless a builder): _____

Contact Phone #: _____ Cell Phone: _____

Are you buying or renting? _____ If renting, who is the landlord? _____

Last Water Company with which you had service: _____

Previous Address: _____ (These must not be left blank. Act 769 of 2003)

Please choose one or more of the following services

☐ **Yellow Bag Program** (Program offered to senior citizens, age 65 or greater.)

☐ **Sewer Service**: Date Service Requested: _____

☐ **Water Service**: Date Service Requested: _____

☐ **Irrigation** ☐ Yes ☐ No

☐ If yes to Irrigation, provide proof of backflow prevention device certification within 10 days of service connection.

Signature _____ Printed Name _____

Flip over and read/fill out Service Agreement

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SERVICE AGREEMENT

Date _____

Service Address _____

This service agreement and deposit is to guarantee the due payment of any indebtedness for any service due Tontitown Water Utility. This deposit shall be retained in escrow, without interest, by Tontitown Water Utility. The undersigned customer also agrees to comply with all the rules and regulations of Tontitown Water Utility now in effect or those that may be hereafter established by Tontitown Water Utility. When service to the above customer at the stated address is permanently discontinued, and payment of all amounts due to the Tontitown Water Utility are cleared, said service deposit shall be applied to the final billing and the remainder, if any, returned to the depositor.

By Signing below:

1. I agree and understand that I must fill out the Disconnect Service Form.
2. I agree with and accept the Tontitown Water Utilities Terms and Conditions of Service, including any updates, revisions and amendments.

Customer Signature _____

Printed Name _____