

Application for Water Service

Customer Information- Anyone over the age of 18 must be listed on application

Applicant's Name _____

SS# _____ DL# _____

EmailAddress _____

Home Phone # _____ Cell Phone # _____

Applicant's Current Employer _____ Phone # _____

Co Applicant's Name _____

SS# _____ DL# _____ Home

Phone # _____ Cell Phone # _____

Co Applicant's Current Employer _____ Phone # _____

Co Applicant's Name _____

SS# _____ DL# _____

Home Phone # _____ Cell Phone # _____

Co Applicant's Current Employer _____ Phone # _____

Property Type: Residential _____ Commercial _____

Location Information

Service Address- _____

City _____ Zip Code _____

Mailing address if
different _____

City _____ Zip Code _____

Are you renting this property? ____ Yes ____ No (If not renting do not fill in below)

Owners Name _____

Owners Phone # _____ Structure Type _____

It is understood that if damage to the property should result from broken pipes, leaky plumbing, open faucets, or other malfunctions of appliances/equipment when service is connected it is the sole responsibility of the applicant/property owner, and Mid-Arkansas Utilities / Furlow Water Users is not any way liable.

I understand when I the applicant/property owner install a check valve this is a closed system and it is the property owner/plumbers decision to install a thermo expansion device.

Under Ordinance # 25-OR-46 Pulaski County Only

AN ORDINANCE ESTABLISHING AN ORDERLY SYSTEM FOR ADDRESSING PROPERTY, AND OTHER PROVISIONS IN ORDER TO MAINTAIN AN EFFECTIVE E-911 SYSTEM AND FOR OTHER PURPOSES. All requesting a 911. See Article 3 under the Ordinance # 25-OR-46 before receiving Plumbing Permit or Water Service.

All new customers fall under Arkansas Bill 1389 Act 769 passed by the Arkansas Legislature in March 2003

All meters must be accessible to Meter Readers. Meters must be located outside of the fences or a gate must be located at the meter box.

I have read the terms and conditions.

Signature of Applicant _____

Office Use

T/O DATE _____

____MAU

ACCT # _____

____Hwy 319

LOCATION # _____

____Furlow

W.O _____

WUDB _____