

**CITY OF CAVE SPRINGS
WATER SERVICE APPLICATION**

DATE: _____ DATE REQUESTED FOR CONNECTION: _____

NAME OF APPLICANT: _____ SS # _____

PHYSICAL ADDRESS (No Post Office Boxes): _____

MAILING ADDRESS: _____ CITY: _____ STATE/ZIP: _____

PREVIOUS ADDRESS: _____ CITY: _____ STATE/ZIP: _____

PHONE #: _____ WORK PHONE NUMBER: _____

EMPLOYED BY: _____ HOW LONG? _____

NAME OF SUPERVISOR: _____ PHONE #: _____

OWN: _____ RENT: _____ LANDLORD'S NAME: _____ PHONE #: _____

NEAREST RELATIVE (NOT LIVING WITH YOU): _____

ADDRESS: _____ CITY _____ ST. _____ PHONE #: _____

CO-APPLICANT'S NAME: _____ PHONE #: _____

MAILING ADDRESS: _____ CITY: _____ STATE/ZIP: _____

EMPLOYED BY: _____ HOW LONG? _____

NAME OF SUPERVISOR: _____ PHONE #: _____

LIST TWO REFERENCES (NOT RELATED TO YOU):

#1 NAME: _____ PHONE #: _____

ADDRESS: _____ CITY: _____ STATE/ZIP: _____

#2 NAME: _____ PHONE #: _____

ADDRESS: _____ CITY: _____ STATE/ZIP: _____

I/We do certify that the above information is true, correct and complete to the best of my knowledge. I/We do hereby agree to apply all Water Usages and Deposits necessary to the City of Cave Springs. Not paying for water usage could result in disconnection, reconnection fees, late penalties and additional charges.

APPLICANT'S SIGNATURE _____ DATE: _____

CO-APPLICANT'S SIGNATURE _____ DATE: _____