DIAMOND CITY, ARKANSAS

ON BULL SHOALS LAKE

IN THE HEART OF THE OZARKS

P.O. Box 1300 232 Grand Avenue

Diamond City, AR. 72630

Phone: 870-422-7212 Fax: 870-422-2970

Email: dcbullshoals@diamondcity.net Website: www.diamondcityar.com

CITY OF DIAMOND CITY CUSTOMER INFORMATION

ALL NEW ACCOUNTS WILL REQUIRE THE FOLLOWING

OWNERS:

<u>Valid</u> Driver's License or State ID and papers showing ownership. (Ownership papers <u>MUST</u> be from a Bank or Lending Institution) You must pay for all fees and have all applications filled out at the same time.

Water Mcter Deposit of \$200 and \$50 Connection Fee. Deposit is refundable after 2 years or upon moving, as long as your bill is in good standing. Connection Fee is non-refundable.

RENTERS:

<u>Valid</u> Driver's License or State ID and Rent Contract from Landlord. Water Meter Deposit of \$200 and \$50 Connection Fee. Deposit is refundable upon moving, as long as your bill is in good standing. Connection Fee is non-refundable.

COMMERCIAL:

Valid Driver's License or State ID and papers showing ownership. (Ownership papers MUST be from a Bank, Lending Institution, or Rental Contract from Landlord) You must pay for all fees and have all applications filled out at the same time. Water Meter Deposit of \$200 and \$50 Connection Fee. Deposit will be refundable upon business closing as long as your bill is in good standing. Connection Fee is non-refundable.

WATER, SEWER, AND TRASH ARE ALL INCLUDED IN YOUR MONTHLY BILL

WATER BILL PAYMENT METHODS:

Cash, check, money order, or debit/credit cards will be accepted for your monthly bills.

WAYS TO PAY MONTHLY WATER BILL:

In person at City Hall, mail, over the phone, drop off box in City Halls door, or on our website.

PAYMENT METHODS FOR ALL OTHER FEES OR DEPOSITS:

Cash, check, or money order. (NO CREDIT/DEBIT CARDS)

CITY OF DIAMOND CITY, ARKANSAS WATER & SEWER NEW ACCOUNT APPLICATION

ACCOUNT HOLDER INFORMATION

DATE;FULL	NAME:							
		(NAME TH	IAT APPEARS ON DR	IVERS LICENSE)				
BILLING ADDRESS:	CITY				STZIP			
HOME PHONE:	WORK PHONE:			CELL PHONE:				
DL#								
EMAIL ADDRESS:			PREVIOUS W	ATER ACCOU	NT			
EMPLOYMENT					(CITY, STATE & ZIPCODE)			
					PHONE #			
ADDRESS			CITY		ST	ZIP		
			SE/OTHER ADUL					
FULL NAME:	WORK PHO			CELL PHONE				
DL#	STATE	_ EXP	DOB	SS#		MALE	FEMALE	
		EMERGEN	NCY CONTACT IN	FORMATION				
NAME:		RELA	ATIONSHIP		PHONE NUMBE	FR		
SIGNATURE:								
SIGNATURE:			OR OFFICE USE (DATE:			
ACCOUNT NO:A	LTERNATE ACCT #	TE ACCT #SERVICE ADDRESS						
ACCOUNT TYPE	DEPOSIT		SERVICES					
OWNER	\$200			RESIDENTI	ALCOMMER	RCIAL	INDUSTRIAL	
RENTER	\$200				NO		V 20-7 V/1000	
CONNECTION FEE:\$50	(NON-REFUNDA	BLE)	SANITATION	656/	AL95GAL		SN#	
METER SERIAL#	METER I	READING_		_ROUTE #	SEQUENCE#	LOCAT	ION	
METER DEPOSIT RECEIPT#		AMO	UNT \$	CHECK#	CASH			
CONNECTION FEE RECEIPT#_		AMO	UNT \$	CHECK#	CASH			
LANDLORD:		PHONE:						
NOTES:								
9								
PREPARED BY:				D	ATE:	- N. O. I		