

DIAMOND CITY WATER & SEWAGE NEW ACCOUNT APPLICATION

The billing address is where the monthly bill for services should be mailed to. If the address is in Diamond City you will have to determine if you will be receiving your mail at your residence or a post office box.

If you receive our mail in a postal box in front of the residence then you will have a Lead Hill address with Lead Hill Zip Code. For example

John Doe

123 Dove St.

Lead Hill, Ar. 72644 will have your mailed delivered by the carrier each day and it will be put in the box in front of your house.

The other option is to rent a post office box. There are post office boxes located at the rear of the Community Center at City Hall with an outside entrance from the rear of the building. If you rent one of these boxes through the Lead Hill Post Office you will have a billing address such as

John Doe

P.O. Box 1111

Diamond City, Ar. 72630

The remainder of the application is pretty much self-explanatory. You are not required to put your Social Security number on the application. This is voluntary only. You must submit a copy of your drivers license and a copy of your rental/lease agreement or the front page of your closing papers to show ownership of the property. Be sure to sign and date the application before submitting it!

You may submit the application by mail to City of Diamond City, P.O. Box 1300, Diamond City, Ar. 72630 or email to dcbullshoals@diamondcity.net. You will be contacted once we receive the application for further action and information.

DIAMOND CITY WATER & SEWAGE NEW ACCOUNT APPLICATION

ACCOUNT HOLDER INFORMATION

DATE: _____ NAME: _____
(Name To Be On Account)
BILLING ADDRESS: _____ CITY _____ ST _____ ZIP _____
HOME PHONE: _____ WORK PHONE _____ CELL PHONE: _____
DL#: _____ ST. _____ SS#: _____ - _____ - _____ DOB: ____/____/____ MALE ___ FEMALE
RACE: ___ AMERICAN INDIAN OR ALASKA NATIVE ___ ASIAN ___ BLACK OR AFRICAN AMERICAN ___ WHITE
___ HISPANIC OR LATINO ___ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ___ I DO NOT WISH TO FURNISH THIS INFO
EMAIL ADDRESS _____ PREVIOUS WATER ACCOUNT _____
(City & State)

EMPLOYMENT

COMPANY/BUSINESS NAME _____ PH. NO. _____
ADDRESS _____ CITY _____ ST. _____ ZIP _____

NAME OF SPOUSE/OTHER ADULT LIVING WITH YOU

FULL NAME: _____ MAILING ADDRESS: _____
HOME PHONE: _____ WORK PHONE _____ CELL PHONE: _____
DL#: _____ ST. _____ SS#: _____ - _____ - _____ DOB: ____/____/____ MALE ___ FEMALE
RACE: ___ AMERICAN INDIAN OR ALASKA NATIVE ___ ASIAN ___ BLACK OR AFRICAN AMERICAN ___ WHITE
___ HISPANIC OR LATINO ___ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ___ I DO NOT WISH TO FURNISH THIS INFO

EMPLOYMENT

COMPANY/BUSINESS NAME: _____ PH.# _____
ADDRESS _____ CITY _____ ST. _____ ZIP _____

EMERGENCY CONTACT INFORMATION

NAME _____ RELATIONSHIP _____ PH. NO. _____

I AGREE TO THE CONDITIONS AS STATED IN ORDINANCES GOVERNING WATER, SEWER, AND SANITATION SERVICES.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

ACCOUNT NO: _____ SERVICE ID NO: _____ SERVICE ADDRESS _____

<u>ACCOUNT TYPE</u>	<u>DEPOSIT</u>	<u>SERVICES</u>
OWNER	_____ \$100.00	WATER - RESIDENTIAL _____ COMMERCIAL _____ IND _____
RENT/LEASE	_____ \$200.00	SEWER - YES _____ NO _____
RENT/LEASE TO OWN	_____ \$200.00	SANITATION - 65 Ga. PC _____ 95 Ga. PC _____ SN# _____
BUILDING IN PROGRESS	_____ \$100.00	CONNECTION FEE - MASTER METER \$50.00 (NON-REFUNDABLE)

METER SERIAL #: _____ METER READING: _____ ROUTE#: _____ SEQUENCE#: _____

METER DEPOSIT RECEIPT#: _____ AMOUNT: \$ _____ CHECK#: _____ CASH: _____

CONNECTION RECEIPT# _____ AMOUNT: \$ _____ CHECK#: _____ CASH: _____

LANDLORD: _____ PHONE: _____

NOTES: _____ CONNECTION WO#: _____