

Residential Deposit  
\$155.00  
  
Commercial Deposit  
\$219.00

**CITY OF MOUNTAIN HOME**  
**WATER AND WASTEWATER DEPARTMENT**  
**752 N. College Street**  
**Mountain Home, AR 72653**  
Phone (870) 425-5115 Fax (870) 425-5139  
Email: mhwd@cityofmountainhome.com  
**APPLICATION FOR NEW SERVICE**

Please attach a copy of driver's license or photo identification with your completed application.

Service Address: \_\_\_\_\_

Date to begin service: \_\_\_\_\_ Service Time: \_\_\_\_\_ to \_\_\_\_\_

Does this address have a LAWN sprinkler system? Yes / No (Circle One)

Do you run a commercial business out of your home? Yes / No (Circle One)

Commercial Name (if applicable): \_\_\_\_\_

<u>Customer Name(s)</u>	<u>Drivers License #</u>	<u>State</u>	<u>Social Security#</u>
Primary: _____	_____	_____	_____
Secondary: _____	_____	_____	_____

Mailing Address: \_\_\_\_\_

Phone Number(s) Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Primary Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Person to contact in case of  
Emergency other than secondary: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

If you are filling this form out for someone else, list your name here: \_\_\_\_\_

I hereby acknowledge responsibility for payment of all charges at the above service address until termination of services is requested. Any deposit paid to secure utility services may be applied against any outstanding amount or debt reflected on the final billing. I agree to abide by present and future rates, regulations, policies and procedures for water and wastewater services as deemed necessary by the City of Mountain Home.

I have received and reviewed the new customer information packet provided to me.

Customer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Clerk signature: \_\_\_\_\_ Date: \_\_\_\_\_