

CITY OF BRYANT WATER & SEWER APPLICATION

Email: waterbilling@cityofbryant.com Fax: 501-943-3410

Date: _____

Application Name: _____

Phone # Other # Driver's License # Soc. Sec or Tax ID #

Email Address: _____

Employer: _____ Employer Phone# _____ City _____

New Service Address: _____

Mailing Address (If different than above) _____

Date for service to be turned on : _____ (24-hour notice required)

Please check: Paper Statements: _____ Email Statements: _____ Both: _____

******Same day turn on or disconnect \$40.00 fee required. Fee must be paid up front ******

Do you own the property _____ or leasing the property _____

Landlord's Name: _____ Phone # _____

Co-Applicant and/or Other Adult Occupant (S):

Name: _____

Phone # Other # Driver's License # Soc. Sec. Or Tax ID #

Email Address: _____

Employer: _____ Employer Phone # _____ City _____

CUSTOMER SIGNATURE: _____

_____ I have received a copy of the new customer information sheet (Please Initial)

_____ Office staff Initial

Office Use Only

Account# _____

Work Order # _____