

CITY OF BRYANT WATER & SEWER APPLICATION

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

Date: _____

Applicant 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)

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

Landlord's Name: _____ Phone# _____

Previous Water Company Name: _____ City & State: _____

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# _____