

Gravette Public Works Utility Service Application

Full Name of Applicant (Business name & Representative, if applicable)		Water Tap Request <input type="checkbox"/>
		Sewer Tap Request <input type="checkbox"/>
PRIMARY APPLICANT TYPE: <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> MGT CO. <input type="checkbox"/> REALTOR		Street Cut Request <input type="checkbox"/>
Property Owner Name (If different, Document Requirements On Reverse Side)		Water/Sewer/Trash Service <input type="checkbox"/>
Applicant Mailing Address (Address, City, State)		TRANSFER SERVICE ADDRESS <input type="checkbox"/>
Email Address		Previous Account #: _____
Last 4 digits of SS# or Tax ID		Deposit on file: \$ _____
		NEW Address: _____
Primary Phone #	Secondary Phone #	Requested by: _____
Date of Birth		Date: _____
Physical Address Associated With This Application		Time: _____
Co-Applicant Name (Also Sign Below)	SS#	Approved by: _____
	Date of Birth	

SERVICES OFFERED

(Rates can change by City Ordinance. See Supplemental Information)

WATER TAP

	Inside City Limits	Outside City Limits
3/4" Tap:	\$1,000	\$1,300
1" Tap:	\$1,500	\$1,800
1 1/4" Tap:	\$1,700	\$2,000
1 1/2" Tap:	\$2,000	\$2,300
2" Tap:	\$3,300	\$3,600

TRASH

\$9.96
First Poly-cart

\$4.10
Each
Additional

WATER SERVICE (Excluding Water West)

Minimum—To 1,000g:	\$24.81	\$32.25
Per 1,000 Gal: 1,000g—19,999g:	\$5.96	\$7.74
Per 1,000 Gal: 20,000 and above:	\$5.80	\$7.53

STREET CUT

Full: \$600
Half: \$300

WATER SERVICE (Water West)

Minimum—To 1,000g:	\$36.85
Per 1,000 Gal: 1,000g—19,999g:	\$7.74
Per 1,000 Gal: 20,000 and above:	\$7.53

TEMP. WATER SERVICE

24-HR: \$10
Not to exceed 1,000Gal

SEWER SERVICE

Minimum—To 1,000g Wat Use:	\$12.21
Per 1,000 Gal: 1,001 and above:	\$2.68

SEWER TAP

\$200

BACKFLOW

\$40

_____ In consideration for having water service initiated/restored at the above address, I agree that someone will be on the property to check for leakages. The City is not responsible for water damage to this property or its contents. I have been advised to turn off any private cut off valve. Once application is processed, it may take up to 1 business day to initiate/restore water service. Any additional trips to property will be assessed a \$35 trip charge.

_____ All water/sewer/trash bills are due and payable by the close of business on the 25th of each month. If the bill is not paid by this date, an automatic 20% late charge will be added to the past due balance and the total bill amount becomes due by the close of business on the 15th day of the month following the billing date. If a past due amount is shown on the bill, the full amount due must be paid or service will be discontinued without further notice. An additional \$35 service charge will apply for any account unpaid by the close of business on the 15th day of the month. Failure to receive a bill does not entitle delayed payment. There will be a \$25.00 charge for all returned checks. Applicant is responsible for all charges until applicant has requested service to be terminated in his/her name.

_____ I understand and hereby agree: (1) falsification of any of information may result in disconnection of service without notice; (2) failure to pay in accordance with City's policies will result in disconnection; (3) all water going through the meter is the customer's responsibility—any leaks that are repaired may be given a cost adjustment for sewer portion upon submittal of repair receipt & verification; (4) failure to pay final bill will result in submission to collections – I will be responsible for all late charges and collection costs; (5) no one living in my household has an outstanding balance owing the City; (6) water is temporarily connected until application approved; (7) deposits refunded after settlement the final bill; and (8) all qualifications and agreements hereto apply fully for any and all successive addresses for which applicant transfers to within district.

By signing below, I acknowledge reading the instructions, rules, and agreements associated with this application and will abide by the same. All information provided is accurate to the best of my knowledge.

Authorized Signature Primary Applicant		Print Name Primary Applicant	Date Signed
Authorized Signature Secondary Applicant		MONTHLY PAYMENT METHOD <input type="checkbox"/> CHECK/CASH OR ELECTRONIC <input type="checkbox"/> AUTO-DRAFT (Complete Auto-draft Info)	TOTAL FEES DUE \$ _____
Print Name Secondary Applicant	Date Signed		DEPOSIT \$ _____

AUTO-DRAFT INFORMATION

Financial Institution Name		Branch Loc.
Routing #	Account #	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

I hereby authorize the City of Gravette Water & Sewer to initiate debit entries and to initiate, if necessary, credit entries and adjustment for any debit entries made in error to my account indicated above and to the financial institution named above, to credit and/or debit the same to such account.

Authorized By: _____

Valid Letter Of Credit on file?

FOR STAFF USE ONLY

Date Submitted: _____
Fee Paid: _____
Approved By: _____
Account #: _____