

CITY OF BONO WATER

241 EAST COLLEGE

BONO, AR 72416

870-932-0100

bonoar.com

APPLICATION FOR SERVICES

ACCOUNT NUMBER: _____ APPLICATION DATE: _____ DEPOSIT AMOUNT: _____
REQUESTED SERVICES: _____ WATER _____ SEWER _____ REFUSE _____ REQUESTED SERVICES START DATE: _____
YOUR RELATIONSHIP TO THE SERVICE ADDRESS: _____ OWNER _____ RENTER _____ OTHER _____
SERVICE ADDRESS: _____
BILLING ADDRESS: _____
RESPONSIBLE PARTY: _____
PRIOR SERVICES AT BONO WATER WORKS? _____ YES _____ NO ANY UNPAID BALANCES? _____ YES _____ NO
PRIOR SERVICE AT A WATER/SERVICE PROVIDER? _____ YES _____ NO WHERE? _____ ACCOUNT BALANCE _____

INFORMATION

NAME: LAST _____ FIRST _____ MI _____ DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____ DRIVER'S LICENSE NUMBER: _____ STATE: _____
MAILING ADDRESS: _____ EMAIL ADDRESS: _____
TELEPHONE NUMBERS: HOME _____ WORK _____ CELL _____
EMERGENCY CONTACT: NAME _____ TELEPHONE NUMBER _____
EMPLOYMENT: CURRENT EMPLOYER: _____
ADDRESS: _____
TELEPHONE: _____
YEARS WORKED: _____
POSITION: _____
IMMEDIATE PAST EMPLOYER: _____
ADDRESS: _____
TELEPHONE: _____
YEARS WORKED: _____
POSITION: _____
ALL OCCUPANTS AT SERVICE ADDRESS: (FULL NAMES): _____

PREVIOUS RESIDENCE/ADDRESSES

1. _____
2. _____

3. _____

I CERTIFY THAT THE INFORMATION I PROVIDED ABOVE IS TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT INCORRECT INFORMATION MAY BE A BASIS FOR A DENIAL OF SERVICES.

APPLICANT _____ (SIGNATURE) DATE: _____

PRINTED NAME: _____

CURRENT ADDRESS: _____

CURRENT TELEPHONE NUMBER: _____

AUTHORIZATION, IF FOR ANY ENTITY: _____

WITNESS: _____ POSITION: _____