

Water Bills are Due On The _____ Day of Each Month!

Rt 1 – 28th Rt 2 – 17th Rt3 – 3rd Rt 4 – 10th

SERVICE APPLICATION

North Garland County Regional Water District

P.O. Box 8700

Hot Springs, AR 71910

Phone: (501) 620-4118

Fax: (501) 318-0304

Email Address: samharper@suddenlinkmail.com

Website: www.ngcwater.com

Account# _____ Date: _____

Name _____

SERVICE
ADDRESS: _____

City _____ State _____ Zip _____

MAILING
ADDRESS: _____

City _____ State _____ Zip _____

Drivers License # _____ Date of Birth _____

Home Phone # _____ Social Security # _____

Cell Phone # _____

Employer _____ Phone # _____

Supervisor _____ Time Employed _____ Years _____ Months

EMERGENCY CONTACT NUMBER _____

EMERGENCY CONTACT NAME _____

Spouse Name _____

Drivers License # _____ Date of Birth _____

Home Phone # _____ Social Security # _____

Cell Phone # _____

Employer _____ Phone # _____

Supervisor _____ Time Employed _____ Years _____ Months

Previous Address _____

Own Rent Landlord Name _____

Phone _____

Deposit Amount \$ _____ Receipt # _____

I hereby apply for utility service furnished by the North Garland County Regional Water District at the address stated above, or such subsequent locations as requested. This application is made subject to the current rules, regulations and ordinances governing the North Garland County Regional Water District. I agree to pay established rates and charges for all services provided.

I acknowledge that if my service is disconnected for nonpayment of a past due bill, I will be required to pay the past due, current bill, and a service charge before water service is restored.

Delinquent customers

Any customer whose bill remains unpaid after the due date shall be considered delinquent. Any customer who is delinquent will be AUTOMATICALLY disconnected from the water system and once disconnected shall not be reconnected or reinstated until payment of all charges, fees, and penalties necessary to bring the account(s) to a current status.

Signed: _____ Date: _____

ACCOUNT# _____

E-MAIL ADDRESS: _____

AUTOMATIC BANK DRAFT AVAILABLE

NORTH GARLAND COUNTY WD
P O BOX 8700
HOT SPRINGS, AR 71910
Telephone: 501/620-4118

FIRST CLASS MAIL
US POSTAGE PAID
PERMIT NO. 60
HOT SPRINGS, AR 71901

Return Service Requested

UL2	Present	Previous	Usage/Service	Amount
	5956	5486	470 WATER	22.11
			SDWA	0.30
			CEWF	0.35
			UF FEE	2.50
			TAX	1.66

NET AMT DUE ON OR BEFORE 05/10/13 26.92
GROSS AMOUNT DUE AFTER 06/10/13 29.30

Account No. 104270000 From 04/15/13 To 05/20/13 Days 35
Service Addr.: 123 ABC Lane

Account No.: 104-2700-00
Name: 123 ABC Lane
Service Address: _____

Bill Date: 05/21/13
Due Date: 06/10/13
Net Amount: 26.92
Gross Amount: 29.30

WILL BE AUTOMATICALLY
DISCONNECTED IF NOT PAID
IN FULL "BEFORE" 6/18/13
Please Return Stub With Payment

Sample

Sample

*John Doe
123 ABC Lane
Anytown, State
12345*