FULL NAME (Fi	rst Middle Last)				
DATE OF BIRTH		SOCIAL SECURITY NO			
DRIVER LIC. NO			*		
MOVING FROM					
СПУ		STATE		•	
PRESENT EMPLOYER					
BUSINESS PHONE NO		HOME PHONE NO.			
BANK		14			
SINGLE	DIVORCED	WIDOWED	SEPARATED	MARRIED	
SPOUSE NAME					
SPOUSE'S SOCIAL SECURITY NO.					
SPOUSE'S DRIVERS LIC. NO.					

HOMEOWNER  RENTER  HOMEOWNER  NAME AND PHONE NO. OF PERSON YOU RENT FROM:						
REMARI NAME C		VE NOT LIVI	NG WITH YOU:	RELA	TIONSHIP	
ADDRES	SS	PHONE NO.				
DEPOSI	TS					
DATE	NUMBER	AMOUNT	DATE R or A	AMOUNT	BALANCE	
DATE ON	DATE OFF	ACCOUNT NUMBER	SERVICE ADDRE	SS	MEMO	
			A many many many many			
			•			
New Addres	SS					
NAME	First		Middle	Last		

## WEST MEMPHIS UTILITY COMMISSION APPLICATION FOR SERVICE

The applicant whose signature appears below hereby applies to the West Memphis Utility Commission of West Memphis, Arkansas for water, electric and sewer service to be supplied at the address herein described, and, upon request, at any other local address to which he may move.

The applicant agrees to pay for said services as bills are rendered therefore in accordance with the rates, rules and regulations as provided by the Commission, and as now exist or may hereafter be adopted and in effect at the time of delivery. Applicant agrees to provide safe access to any and all equipment belonging to the department at all reasonable times.

The applicant further agrees to release and discharge said West Memphis Utility Commission from any liability for damages suffered by reason of connection, interruption, discontinuance or disconnection of service hereunder for any cause, or by reason of the maintenance, location or existence of any of the facilities, fixtures or systems located on or adjoining the property supplied, and by which such services are furnished or delivered.

I/We	hereby apply for service in accordance with the terms appearing above.
Customer's Signature	
Co-Signer	