



Tri County

Regional Water Distribution District

Serving Pope, Logan, and Yell Counties
 Phone: 479-968-6268 * Fax: 479-968-4324

Today's Date: _____

Effective Date: _____

Commercial _____ Residential _____

Service Address:

_____ City State Zip

First Name Middle Name Last Name

No. of Persons in Household Driver's License# State Social Security# *optional

Spouse's Full Name Driver's License# State Social Security# *optional

Address For Bills: _____ City State Zip

Home Phone # Cell Phone # Alternate #

Owner: Yes No Buying From: _____

Renter: Yes No Renting From: _____

Place of Employment: _____ Phone Number: _____

Nearest relative not living with you Relationship: _____

Address Phone: _____

Water References: Give below the name of the last water systems that you did business with in the past two years

Utility Address Phone Number

SEE BACK

REPLY TO: PO BOX 4030, RUSSELLVILLE, AR 72811

I hereby make application for water to Tri County Regional Water Distribution District at:

Service Address:

City

State

Zip

and hereby agree to pay for this service in accordance with the rates of the District. BY EXECUTING THIS APPLICATION, I HEREBY AGREE THAT SERVICE SHALL BE FURNISHED TO ME ONLY UPON COMPLIANCE BY ME OF ALL RULES, REGULATIONS, AND POLICIES OF THE SYSTEM APPROVED BY THE BOARD OF DIRECTORS. IN ORDER TO PROVIDE SERVICE TO ME, I AGREE TO MAKE SUCH PAYMENT IN ACCORDANCE THEREWITH AND I UNDERSTAND THAT SERVICE TO ME IS CONTINGENT UPON PAYMENT BY ME OF ALL SUCH AMOUNTS.

It is also understood and agreed that the System may require from me, as security for payment for water service a cash deposit of such amount set forth in Rules and Regulations approved by the Board of Directors.

Such cash deposits will be refunded in full, upon discontinuance of service, provided all bills owing the District for services have been paid in full. (The District reserves the right to discontinue service without further notice, in the event that payment for service has not been received by the date of the bill for such services.) In the event service is discontinued for non-payment of bill, service shall not be restored until all payments due, the reconnection fee, and additional meter deposit, (if applicable) are paid in full as provided in the District's Rules and Regulations.

Signature:

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in the evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the racial/national origin of individual applicants on the basis of visual observation or surname.

- A. RACE
 - American Indian or Alaskan Native _____
 - Asian _____
 - Black or African American _____
 - Native Hawaiian or Other Pacific Islander _____
 - White _____

- B. ETHNICITY
 - Hispanic or Latino _____
 - Not Hispanic or Latino _____

OFFICE USE ONLY:

Receipt #	Location #	Meter #	File	MD Cash Report	Cash Report
Previous Customer				Account #	
Amount Paid \$	Cash	Check	New Service	Payment Plan	
Connect Fee Paid	Connect Fee To Be Billed		Transfer Fee Paid	Transfer Fee To Be Billed	
Set Up In Computer	S/O	Rates/More			