

## Application Instructions

The billing address is where the monthly bill for services should be mailed to. If the address is in Diamond City you will have to determine if you will be receiving your mail at your residence or a post office box.

If you receive our mail in a postal box in front of the residence then you will have a Lead Hill address with Lead Hill Zip Code. For example

John Doe

123 Dove St.

Lead Hill, Ar. 72644

will have your mailed delivered by the carrier each day and it will be put in the box in front of your house.

The other option is to rent a post office box. There are post office boxes located at the rear of the Community Center at City Hall with an outside entrance from the rear of the building. If you rent one of these boxes through the Lead Hill Post Office you will have a billing address such as

John Doe

P.O. Box 1111

Diamond City, Ar. 72630

The remainder of the application is pretty much self explanatory. Be sure to sign and date the application before submitting it!

You may submit the application by mail to City of Diamond City, P.O. Box 1300, Diamond City, Ar. 72630 or email to [dcbullshoals@diamondcity.net](mailto:dcbullshoals@diamondcity.net). You will be contacted once we receive the application for further action and information.

For further information please contact Steve or Sandy at 870.422.7212. We will help you in any way we can!

# DIAMOND CITY WATER & SEWAGE NEW ACCOUNT APPLICATION

## ACCOUNT HOLDER INFORMATION

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_  
(Name To Be On Account)  
BILLING ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
DL#: \_\_\_\_\_ ST. \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ MALE \_\_\_ FEMALE  
RACE: \_\_\_ AMERICAN INDIAN OR ALASKA NATIVE \_\_\_ ASIAN \_\_\_ BLACK OR AFRICAN AMERICAN \_\_\_ WHITE  
\_\_\_ HISPANIC OR LATINO \_\_\_ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER \_\_\_ I DO NOT WISH TO FURNISH THIS INFO  
EMAIL ADDRESS \_\_\_\_\_ PREVIOUS WATER ACCOUNT \_\_\_\_\_  
(City & State)

## EMPLOYMENT

COMPANY/BUSINESS NAME \_\_\_\_\_ PH. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_

## NAME OF SPOUSE/OTHER ADULT LIVING WITH YOU

FULL NAME: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
DL#: \_\_\_\_\_ ST. \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ MALE \_\_\_ FEMALE  
RACE: \_\_\_ AMERICAN INDIAN OR ALASKA NATIVE \_\_\_ ASIAN \_\_\_ BLACK OR AFRICAN AMERICAN \_\_\_ WHITE  
\_\_\_ HISPANIC OR LATINO \_\_\_ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER \_\_\_ I DO NOT WISH TO FURNISH THIS INFO

## EMPLOYMENT

COMPANY/BUSINESS NAME: \_\_\_\_\_ PH.# \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PH. NO. \_\_\_\_\_

## I AGREE TO THE CONDITIONS AS STATED IN ORDINANCES GOVERNING WATER, SEWER, AND SANITATION SERVICES.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## FOR OFFICE USE ONLY

ACCOUNT NO: \_\_\_\_\_ SERVICE ID NO: \_\_\_\_\_ SERVICE ADDRESS \_\_\_\_\_

<u>ACCOUNT TYPE</u>	<u>DEPOSIT</u>	<u>SERVICES</u>
OWNER	_____ \$100.00	WATER - RESIDENTIAL _____ COMMERCIAL _____ IND _____
RENT/LEASE	_____ \$200.00	SEWER - YES _____ NO _____
RENT/LEASE TO OWN	_____ \$200.00	SANITATION - 65 Ga. PC _____ 95 Ga. PC _____ SN# _____
BUILDING IN PROGRESS	_____ \$100.00	CONNECTION FEE - MASTER METER \$50.00 (NON-REFUNDABLE)

METER SERIAL #: \_\_\_\_\_ METER READING: \_\_\_\_\_ ROUTE#: \_\_\_\_\_ SEQUENCE#: \_\_\_\_\_

METER DEPOSIT RECEIPT#: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ CHECK#: \_\_\_\_\_ CASH: \_\_\_\_\_

CONNECTION RECEIPT# \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ CHECK#: \_\_\_\_\_ CASH: \_\_\_\_\_

LANDLORD: \_\_\_\_\_ PHONE: \_\_\_\_\_

NOTES: \_\_\_\_\_ CONNECTION WO#: \_\_\_\_\_