

**CITY OF GASSVILLE
WATER & SEWER DEPARTMENT
204 S SCHOOL STREET
PO BOX 28
GASSVILLE, AR 72635
(870)435-2969**

NEW ACCOUNT SETUP

DATE: _____

I _____ hereby make application to the City of Gassville Water & Sewer department (herein after called Company) to be a water and/or sewer user in the Company for service at the following location:

SERVICE ADDRESS: _____

ACCOUNT #: _____

I agree:

1. To pay no less than the minimum water bill monthly after notification by the Company that service is available. It is further understood that any consumption in excess of the minimum rate will be charged in accordance with the schedule of the monthly rates to be published by the Company.
2. To pay a sewer user deposit of \$ 100.00, said fee being refundable when the account is closed.

SEWER USER DEPOSIT \$ 100.00

Billing Address _____

Social Security #or FID# _____ Drivers License # _____

Date of Birth _____ Email: _____

Phone # _____

Signature of Customer _____

To Enroll in Paperless Billing visit: <https://gassville.viewmybill.net/>

PLEASE WHITE AFRICAN AMERICAN ASIAN LATINO NATIVE AMERICAN PACIFIC ISLANDER
CHOOSE: PREFER NOT TO ANSWER

MALE FEMALE NON-BINARY PREFER NOT TO ANSWER

****THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER****

FOR OFFICE USE ONLY:

PAID: _____ BY: _____ CASH: _____ CHECK: _____ RECEIPT #: _____