

**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 and/or sewer bill monthly after notification by the Company that service is available. It is further understood that any consumption more than 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 water and/or sewer user deposit of \$ 100.00, said fee being refundable when the account is closed, and a non-refundable service charge fee of \$ 5.00.

WATER &/OR SEWER USER DEPOSIT	\$ 100.00
<u>SERVICE CHARGE FEE</u>	<u>\$ 5.00</u>
TOTAL DUE	\$ 105.00

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: \_\_\_\_\_