

**Service Application**  
**HOT SPRINGS MUNICIPAL UTILITIES**  
**P.O. Box 6300**  
**Hot Springs, AR 71902**  
**(501) 321-6880**

Work Order# \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Spouse Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Time Employed \_\_\_\_\_ Years \_\_\_\_\_ Months

Supervisor \_\_\_\_\_

Spouse Employer \_\_\_\_\_

Previous Address \_\_\_\_\_  
\_\_\_\_\_

Rent  Own      Rent Name \_\_\_\_\_  
Phone \_\_\_\_\_

Deposit Amount      \$ \_\_\_\_\_

I hereby apply for utility service furnished by the Municipal Utilities at the address stated above, or such subsequent locations as requested. This application is made subject to the current rules, regulations and ordinances governing the Municipal Utilities. I agree to pay established rates and charges for all services provided.

I acknowledge that if my service is disconnected for nonpayment of a past due bill, I will be required to pay the past due bill, a service charge and an additional deposit before utility service is restored.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_