

**Shannon Hills Water Department
10401 High Road East
Shannon Hills, AR 72103
501-455-3195**

Today's Date: _____

Name: _____

Address of new property: _____

Mailing Address if Different: _____

Telephone: _____ Cell: _____

Driver License: _____

Date of Birth: _____

Social Security: _____

Name of water company where you last had water: _____

Address where you last had water services: _____

Date you want water services started: _____

Place of Employment: _____

Telephone: _____

Rent or Own? _____

Renters please fill out the following: (This includes owner finance homes)

Name of Landlord: _____

Address: _____

Telephone: _____

We are using a new statewide database that will check for any outstanding balances you may have with a previous water utility. If you are found to have a previous balance, services with us cannot be started until the previous account has been paid.

By signing below I acknowledge that I have been provided an Information Package.

Name

Date