



P.O. Box 1287
Cabot, AR 72023
501-605-1740

CUSTOMER INFORMATION

Last Name _____ First Name _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Service Address: _____

Phone Number: _____ Cell Phone: _____

Work Phone: _____

SSN: _____ SSN B: _____

Drivers License: _____ Drivers License B: _____

Renter: _____ Owner: _____ WUDB: _____ Equifax: _____

Date to Begin Service: _____

On date above take the following action (Circle One): Turn ON / Turn OFF / Unlock

(Unlock means Cabot Waterworks will unlock the water meter but will not turn on the water.)

List all adults living at this address: _____

Place of Employment: _____

Is it OK to turn water “on” if customer is not present? (Circle One) Yes / No

Cabot Waterworks will not be responsible for water damage to your property.

Signature: _____ Date: _____

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OFFICE USE ONLY

Certificate of Deposit #: _____ Account #: _____ Clerk: _____

Check Number: _____ Date Entered Into System: _____

Special water turn on instructions: _____