

Water Bills are Due On The _____ Day of Each Month!

Rt 1 – 28th Rt 2 – 17th Rt 3 – 3rd Rt 4 – 10th

SERVICE APPLICATION

North Garland County Regional Water District

P.O. Box 8700 Hot Springs, AR 71910

Phone: (501) 620-4118

Fax: (501) 318-0304

Email Address: amanda.ngcwater@gmail.com

Website: www.ngcwater.com (Sign up for text & emails alerts)

*****MUST have copy of Drivers License # - Photo ID # or Social Security #*****

Account# _____ Date: _____

Name _____

SERVICE ADDRESS: _____

City _____ State _____ Zip _____

MAILING ADDRESS: _____

City _____ State _____ Zip _____

Social Security # _____ - _____ - _____ Drivers License # _____

Home Phone # _____ Photo ID # _____

Cell Phone # _____ Date of Birth _____

Employer _____ Phone # _____

Supervisor _____ Time Employed _____ Years _____ Months

EMERGENCY CONTACT NUMBER _____

EMERGENCY CONTACT NAME _____

Spouse Name _____

Social Security# _____ Drivers License # _____

Home Phone # _____ Photo ID # _____

Cell Phone # _____ Date of Birth _____

Employer _____ Phone # _____

Supervisor _____ Time Employed _____ Years _____ Months

Previous Address _____

Own Rent Landlord Name _____

Phone _____

Deposit Amount \$ _____ Receipt # _____

I hereby apply for utility service furnished by the North Garland County Regional Water District 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 North Garland County Regional Water District. 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, current bill, and a service charge before water service is restored.

Delinquent customers

Any customer whose bill remains unpaid after the due date shall be considered delinquent. Any customer who is delinquent will be AUTOMATICALLY disconnected from the water system and once disconnected shall not be reconnected or reinstated until payment of all charges, fees, and penalties necessary to bring the account(s) to a current status.

Signed: _____ Date: _____

ACCOUNT# _____

E-MAIL ADDRESS: _____

AUTOMATIC BANK DRAFT AVAILABLE

NORTH GARLAND COUNTY WD
P O BOX 8700
HOT SPRINGS, AR 71910
Telephone: 501/620-4118

FIRST CLASS MAIL
US POSTAGE PAID
PERMIT NO. 60
HOT SPRINGS, AR 71901

Return Service Requested

UL2	Present	Previous	Usage/Service	Amount
	6672	6489	183 WATER	22.67
			SDWA	0.30
			CEWF	0.35
			UF FEE	2.50
			LOAF	2.65
			TAX	1.67



Account No.: 104-0312-00
Name: John Doe
Service Address: 123 ABC LANE
Bill Date: 04/19/17
Due Date: 05/10/17
Net Amount: 30.14
Gross Amount: 32.57

Sample Bill

NET AMT DUE ON OR BEFORE 05/10/17 30.14
GROSS AMOUNT DUE AFTER 05/10/17 32.57

WILL AUTOMATICALLY BE
DISCONNECTED IF NOT PAID
IN FULL "BEFORE" 05/17/17
Please Return Stub With Payment

Account No.	From	To	Days
104031200	03/17/17	04/17/17	31

Service Addr.: 123 ABC LANE

John Doe
123 ABC LANE
HOT SPRINGS, AR 71909

To avoid automatic disconnect and an automatic \$25.00 charge being accessed, bill must be paid "BEFORE" the date shown in the box above. *Date will vary*

X _____
Customer Initial