

**RICHWOODS WATER ASSOCIATION  
PO BOX 1046  
MOUNTAIN VIEW, AR 72560  
870-269-4620**

**UTILITY RELEASE APPLICATION**

Address of Property: \_\_\_\_\_

If rent or lease, please provide the following information:      **OWN:** \_\_\_\_\_      **RENT OR LEASE** \_\_\_\_\_

Property Owners Name: \_\_\_\_\_

Property Owners Name: \_\_\_\_\_

Date Tenant Occupied This Address: \_\_\_\_\_

**LIST ALL ADULTS OVER 18 THAT WILL BE AT THIS PREMISE:**

\_\_\_\_\_  
**UTILITY RELEASE: TO BE SIGNED BY TENANT(S)**

I hereby authorize any utility company (electric, gas, water, cable, etc.) to supply upon request to Richwoods Water Association, all pertinent information concerning the above listed address and individuals. This information may be needed to verify and confirm information supplied by the above named tenants. A State issued picture ID may also be required before services are connected.

I certify that the above information is correct, and also verify that I do not owe any outstanding bills to Richwoods Water Association at the above named address or any other address serviced by Richwoods Water Association nor any other Water Utility in the state of Arkansas. I realize that any incorrect or misrepresented information could be considered fraud and result in subsequent disconnection of water service in the future.

Applicants Name	Race	Co-Applicants Name	Race
Applicants Social Security Number		Co-Applicants Social Security Number	
Applicants DL or State ID Number		Co-Applicants DL or State ID Number	
Applicants Telephone Number		Co-Applicants Telephone Number	
Applicants Signature	Date	Co-Applicants Signature	Date
Mailing Address	City	State	Zip Code
Applicants Employer & Telephone Number	Co-Applicants Employer & Telephone Number		

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PO BOX 1046  
MOUNTAIN VIEW, AR 72560  
PHONE: 870-269-4620  
FAX: 870-269-9158**

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**ACT 769 OF THE ARKANSAS LEGISLATURE** provided that a water system shall withhold to a person who is delinquent on the payment of a bill to another water system until notified that the delinquency has been cured. The delinquency must be undisputed and shown to be properly due and owed by the individual. A court may hold an individual liable for attorney fees and other costs associated with collecting a delinquency. The legislation is not applicable to water systems regulated by the Public Service Commission.

This water system is not regulated by the Public Service Commission therefore please fill out the information below so that we may provide you with service:

NAME OF CURRENT WATER COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER OF WATER SYSTEM: \_\_\_\_\_

YES ( )      NO ( )

**BY SIGNING THIS FORM, I AGREE THAT I HAVE READ THE FORGOING STATEMENT AND HAVE ANSWERED THE QUESTIONS TO THE BEST OF MY ABILITY. I ALSO UNDERSTAND THAT YOU CANNOT RECEIVE SERVICES FROM THE RICHWOODS WATER ASSOCIATION IF I OWE ANY OUTSTANDING DEBTS TO ANY WATER COMPANY, SYSTEM, OR ASSOCIATION.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE OF CO-APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME