

WRIGHT-PASTORIA WATER ASSOCIATION, INC.

P.O. Box 850 Stuttgart, AR 72160

Office: 870-673-1669 Fax: 870-673-6422

Date: _____

Driver's License #: _____

Account #: _____
(Office use only)

Social Security #: _____

I, _____ (*Renter/Lease/Owner*) hereby make an application to the
Wright-Pastoria Water Assn. for water service at:

Service Address: _____

Mailing Address: _____

Telephone Number: _____

Owner of Property: _____

Owner's Address: _____

Owner's Number: _____

Employer: _____

Telephone number: _____

Next of kin not at this address:

Name: _____

Relationship: _____

Telephone number: _____

Meter Deposit: \$100.00

Connection Fee: \$ 25.00

Total: \$125.00

Note: The customer is responsible for *any damages the meter incurs.*

