

HOLIDAY ISLAND SUBURBAN IMPROVEMENT DISTRICT

110 WOODSDALE DRIVE

HOLIDAY ISLAND, AR 72631

479-253-9700/479-253-5829 fax

Application for Water/Sewer Service

Customer Name: _____

Service Address: _____

Billing Address: _____

Phone: _____ Alternate Phone: _____

Please check one: I am the: Owner _____ Renter _____

If Renter:

Name of Owner: _____

Address of Owner: _____

Current Employer & Address: _____

Applicant last used utility services at:

Address: _____

Dates: _____

Co-applicant's Name (if any): _____

Co-applicant's Employer: _____

Co-applicant's Telephone Number: _____

Effective Date of Service: _____ (Monday thru Friday, 8:00 am – 3:30 pm)

Deposit Amount : **\$100.00 Cash or Check Only** (Make Checks Payable to HISID (Holiday Island Suburban Improvement District) Auto Bank Draft? YES _____ (additional form required) NO _____

I acknowledge that I am responsible for the payment in full by the date indicated on the monthly billing. I acknowledge if my account is not paid when due, the District will reserve the right to disconnect water service in accordance with HISID Regulation.

Signature

Date

Co-applicant's Signature

Date