

CITY OF SILOAM SPRINGS  
400 NORTH BROADWAY  
SILOAM SPRINGS, ARKANSAS 72761

COMMERCIAL APPLICATION FOR ELECTRIC AND WATER SERVICE  
CITY OF SILOAM SPRINGS

DATE: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

OWNER/OPERATOR: \_\_\_\_\_

SOCIAL SECURITY NO./TAX ID NO.: \_\_\_\_\_

LOCATION SERVICE ADDRESS: \_\_\_\_\_

DATE FOR NEW SERVICE: \_\_\_\_\_

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

PERSON TO CONTACT ABOUT BILLING: \_\_\_\_\_ POSITION: \_\_\_\_\_

CURRENT OCCUPATION LICENSE: \_\_\_\_\_ YES \_\_\_\_\_ NO NUMBER OF EMPLOYEES: \_\_\_\_\_

**911 ADDRESS MUST BE VISIBLE FROM STREET**

The customer applicant, whose signature appears below, applies to the City of Siloam Springs for electric and water service to be applied at the location described above. I/We hereby do assure the City of Siloam Springs that no utility bills are past due on my previous utility accounts. I/We do hereby agree that if this account is turned over to a collection agency for nonpayment of account, that I/We will be assessed a fee of 40% of the non paid balance as a collection fee.

The applicant agrees to conform to and abide by the bylaws and regulations of the City of Siloam Springs and to pay for said service as bills are due, in accordance with the rates, rules, and regulations as provided by the Board of Directors of the City of Siloam Springs, as now exist, or as may hereafter be adopted.

I/We have taken the necessary precautions to protect the premises should services be turned on while I/We are absent.

SIGNED: \_\_\_\_\_

TITLE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

ACCOUNT NO.: \_\_\_\_\_

DEPOSIT AMOUNT: \_\_\_\_\_

CONNECT: \_\_\_\_\_

SET METER: \_\_\_\_\_ ELECTRIC: \_\_\_\_\_ WATER: \_\_\_\_\_

TRANSFER: \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_