

CITY OF MARSHALL

P.O. BOX 1420

MARSHALL, AR 72650

PHONE 870 448-2543

Service Deposit

\$100.00

Please attach a copy of
driver's license with your
completed application

APPLICATION FOR NEW SERVICE

Service Address: _____

Date to begin service: _____

<u>Customer Name</u>	<u>Drivers License #</u>	<u>State</u>	<u>Social Security #</u>
Primary: _____	_____	_____	_____
Secondary: _____	_____	_____	_____

PERSONAL INFORMATION

Mailing Address: _____

Telephone Number(s) Home: _____ Cell: _____

EMPLOYMENT INFORMATION

Primary Employer: _____ Phone: _____

Secondary Employer: _____ Phone: _____

Office Use only:	Receipt #	Deposit transfer
Account #: _____	_____	From: _____ To: _____