

Omaha Water Dept.
P.O. Box 55
Omaha, Arkansas 72662
(870)-426-3388

Please take a few moments to complete this form and return it to the above address. Thank you!

(Please Print)

Name: _____

Spouses Name: _____

Complete address of location (where the water is provided): Rent _____ Own _____

Mailing address where you want your bill mailed:

Phone Number: _____

Email Address: _____ (for alert system notification)

Social Security: _____

Drivers License: _____

\$35.00 Service Fee Non-Refundable

\$75.00 Deposit for Rentals

Signature

Date: _____

OFFICE USE ONLY

Type of Payment: Check # _____ Cash _____ Cashiers Check _____ Money Order _____

Amount of Payment: _____

Refunded Date: ___/___/___ Refunded Amount: \$ _____ Amount Owed: \$ _____

Date of Payment: _____

Initial: _____