

**Keo Water & Sewer
PO Box 181
Keo, AR 72083
501.842.0100**

Date: _____ SSN: _____ (copy required)

Acct: _____ DL: _____ (copy required)

I _____ (Rent/Own, circle one) hereby make an application to the Keo Water & Sewer Department for Water/Sewer (circle one or both) at:

Property Street

Address: _____

Billing

Address: _____

Your phone #: _____

Owner of

Property: _____

Owner's

Address: _____

Phone # _____

Renter/Owner's Previous Address for Water

Service: _____

Previous water service will be verified fully paid before Keo Water & Sewer will connect your water.

Renter/Owner's Employer Address and Phone #:

Next of Kin not living at your new address:

Name: _____

Address: _____

Phone: _____

Number of People Living in Residence: _____

Meter Deposit Renter: \$250

Meter Deposit Homeowner: \$150

Amount Paid: _____

Upon customer notification and termination of water services, your deposit will be returned to you within 30 days after final payment of bill.