



P.O. Box 1807 • Phone (479) 754-3148 • Clarksville, Arkansas 72830

**TO BE COMPLETED BY LANDLORD & RETURNED TO CL&W CO.
EL DUENO NECESITA COMPLETAR ESTA FORMA Y REGRESELO A
CL&W CO.**

DATE / FECHA : _____

ANYONE **18 YEARS** OF AGE AND
OLDER LIVING AT THE BELOW
ADDRESS **MUST** BE LISTED ON
THIS FORM AS TENANTS

**Clarksville Light & Water Company
Clarksville Compania de Agua y Luz**

THIS FORM IS TO BE FILLED OUT
BY THE LANDLORD ONLY

_____ (tenant) is
renting/renting-to-own a residence at / Nombre de que va a rentar la residencia en

_____ (location), and
should obtain utilities from your company /(Domicilo) y debe otener servicios de su
compania.

LANDLORD PHONE # _____

Landlord Name(**Printed**)/ Nombre del dueno (en letra de molde)

Landlord's **Signature**/ Firma de el Dueno

****UPDATE IN POLICY**-All water leaks must be corrected within 24 hours of
notification. If not, utilities will be discontinued until the water leak is corrected.)

****POLIZA**-Todas las fugas de agua deben ser reparadas dentro de 24 horas de
notificadas. Si no el servicio sera desconectado hasta que sea reparada la fuga.