

CITY OF DOVER
P.O. BOX 258
DOVER, ARKANSAS 72837

Today's Date _____ Requested Turn on Date _____

Last Name _____ First Name _____

Driver's License# _____ Social Security # _____

Date of Birth _____ Phone _____

Other Phone _____

Place of Employment _____ Phone _____

No. of People in Household _____

Spouse/Roommate Last Name _____ First Name _____

Driver's License# _____ Social Security # _____

Date of Birth _____ Phone _____

Service Address _____

Mailing Address _____

Own _____ Renting From _____

Signature of Applicant _____

Co Applicant _____

Office use Only

Deposit Paid _____ Receipt # _____