



P.O. Box 1807 – Clarksville, Arkansas  
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**TO BE COMPLETED BY LANDLORD & RETURNED TO CCU CO.  
EL DUENO NECESITA COMPLETAR ESTA FORMA Y REGRESELO A CCU  
CO.**

Anyone **18 years** of age or older

DATE / FECHA : \_\_\_\_\_ living at the below address **must**

be listed on this form as tenants.

**Clarksville Connected Utilities  
Clarksville Conectado Utilidades**

**This form must be filled out by the 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.