

## **APPLICATION FOR WATER**

1)	) Name: Phone #:	
2)	) Service Address:	
3)	) Mailing Address:	
4)	) Social Security #: Driver's License #: S	T:
5)	Are you inside the city limits? Yes No	
6)	) Have you previously been a customer on this water system? Yes No	
7)	) What was your last physical address?	
	a) What is the name and phone number of the water system that serviced your last address?	
	b) What name was the account in?	
8)	) Are you:	
	a) RENTING/LEASING	
	Is it a: Mobile Home House Business Other (Explain):	
	i) If you marked mobile home above, is it parked in a trailer park on property YOU own	_
	on property owned by someone else	
	ii) Landlord's name, address and phone number	
	b) BUYING (See #9)	
	i) For property owners, do you have a private well? Yes No If yes, do you authorize this w	ater system
	to inspect for cross connection purposes? Yes No If no, why	
	not?	
9)	) BUILDING (see #10-11)	
	a) Do you have your letter of intent from the Mississippi State Board of Health? Yes No	
	b) Do you have your final inspection from the Mississippi State Board of Health? Yes No	
	By signing below, you agree that you will be responsible for paying all water bills by the 15 <sup>th</sup> of each mont Delinquent accounts will be terminated after 30 days.	h.

Signature Date