

CITY OF PETAL
WATER, SEWER & SANITATION DEPT.
601-544-6981

APPLICATION FOR SERVICE

E911# _____

CALL 601-544-5911 TO GET E911 NUMBER

SERVICE ADDRESS: _____

() RENT () OWN

IF RENTAL, OWNER'S NAME & PHONE: _____

() RESIDENTIAL () COMMERCIAL () WATER () SEWER () SANITATION

ACCOUNT NAME: _____ PHONE: _____

IF COMMERCIAL, ACCOUNT NAME IS BUSINESS NAME

SSN or FED ID: _____ DL #: _____

DATE OF BIRTH: _____ EMPLOYMENT: _____ EMP. PHONE: _____

BILL MAILING ADDRESS: _____

CITY

STATE

ZIP

DATE FOR SERVICE TO BEGIN: _____

I certify that the information provided is true and correct to the best of my knowledge. I understand that if I do not pay my bill when due, I will be subject to late fees, cutoff fees, cost of collections, legal fees and termination of service. I understand that should service be discontinued, any tampering with meter locks, unauthorized use of City water or use of devices as jumpers, is chargeable to me as a misdemeanor, subject to a maximum \$500.00 fine or 30 days in jail or both.

The applicant agrees to follow the guidelines set forth by the State Department of Health regarding onsite wastewater disposal.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY:

METER NUMBER: _____ METER READING: _____

SIGNATURE: _____ DATE: _____