

APPLICATION FOR SERVICE-WATER []

SEWER []

BOTH []

CITY OF FLOWOOD

P. O. Box 320069
 Flowood, MS 39232
 Phone: 601-939-4243
 Fax: 601-420-3334

RECEIPT NO. _____ DATE _____

ASSIGNED ACCT. NO. _____

APPLICATION BY PHONE _____ PERSON _____ MAIL _____

RESIDENTIAL _____ COMMERCIAL _____

NAME _____ Phone _____ Rent _____ Own _____

Address for Billing: _____

Address for Service: _____

Lot _____ Subdivision _____

Driver's License or Social Security # _____ Number of Occupants _____

Place of Employment _____ Work Phone # _____

E-mail Address _____

METER CHARGES	ACCOUNT INFORMATION	WATER METER INSTALLATION
Water Deposit _____	Water Code _____	Turn on Water and Read Meter _____
Sewer Deposit _____	Sewer Code _____	Date to turn water on _____
Water Connect Fee _____	Meter Number _____	Install Meter-size _____
Sewer Connect Fee _____	Sewer Meter _____	Meter No. _____
Water Tap Fee _____	# of Users _____	Meter Reading at time of Installation _____
Sewer Tap Fee _____	Line of Sight _____	Sequence _____
Water Available Fee _____	_____ Pool _____	Irrigation _____
Sewer Available Fee _____	Lat. _____	Cubic Ft. _____ Gal. _____
Water Permit Fee _____	Long. _____	Date Completed _____
Sewer Permit Fee _____		Completed by: _____
West Rankin _____		
Tax _____		
Other Charges _____		
Total Charges _____		

I hereby agree to the terms and conditions printed on the reverse side of this application. In the event I am not present when the water is turned on, the City shall not be held responsible for any damage resulting from broken pipes, faulty plumbing, uncapped pipes, or other reasons, and, in event a second trip is required to turn the water on, I agree to pay the required amount for each additional trip or trips.

 Applicant