INSTRUCTIONS FOR APPLICATION

- DOWNLOAD AND PRINT THE APPLICATION
- FILL OUT THE BILLING INFORMATION AND SIGN THE APPLICATION
- THE DEPOSIT MUST ACCOMPANY THE APPLICATION IN ORDER TO BE PROCESSED.

\$75.00 IF BUYING THE HOME \$125.00 IF RENTING THE HOME/ APT

• ENCLOSE THE CORRECT DEPOSIT AMOUNT WITH THE APPLICATION AND MAIL TO:

CITY OF FLOWOOD P O BOX 320069 FLOWOOD MS 39232

SEWER [] BOTH [APPLICATION FOR SERVICE-WATER [1 RECEIPT NO. _____ DATE ____ CITY OF FLOWOOD P.O. Box 320069 ASSIGNED ACCT. NO. Flowood, MS 39232 Phone: 601-939-4243 APPLICATION BY PHONE PERSON _____ MAIL ____ Fax: 601-420-3334 RESIDENTIAL_____ COMMERCIAL____ Phone Rent Own NAME 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 ACCOUNT INFORMATION WATER METER INSTALLATION METER CHARGES Water Deposit Turn on Water and Read Meter _____ Water Code Sewer Deposit Date to turn water on _____ Sewer Code Water Connect Fee Sewer Connect Fee Install Meter-size Meter Number _____ Water Tap Fee Meter No. Sewer Meter Sewer Tap Fee Meter Reading at Water Available Fee # of Users time of Installation Sewer Available Fee Sequence Line of Sight Water Permit Fee Irrigation Sewer Permit Fee Pool Cubic Ft. _____ Gal. _____ West Rankin

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.

Lat. _____

 Applicant	

Date Completed _____

Completed by:_____

Other Charges

Total Charges

Tax