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.

\$125.00 IF BUYING THE HOME \$150.00 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

APPLICATION FOR SERVICE-WATER []		SEV	NER []	ВОТ	н[]	
CITY OF FLOWOOD		RECEIPT N	IO	DA	.TE		
P. O. Box 320069 Flowood, MS 39232		ASSIGNED	ASSIGNED ACCT. NO.				
Phone: 601-939-4243 Fax: 601-420-3334		APPLICATI	ON BY PHONE	EP	ERSON	MAIL	
rax: 601-420-3334		RESIDENT	IAL	_ сомм	_COMMERCIAL		
NAME		Phone		Rent	L	_Own	
Address for Billing:							
Address for Service:							
LotSubdivision					····		
Driver's License or Social Security #			Number	of Occup	ants		
Place of Employment							
E-mail Address							
METER CHARGES	ACCOUNT INF	ORMATION	WATER			ATION	
Water Deposit	Water Code		Turn on Wate	er and Re	ad Meter		
Sewer Deposit	_						
Water Connect Fee	Sewer Code		Date to turn v	water on			
Sewer Connect Fee	Meter Number		Install Meter-	size			
Water Tap Fee	-						
Sewer Tap Fee	Sewer Meter		Meter No.		. <u></u>		
Water Available Fee	# of Users		Meter Readir time of Instal	ng at lation			
Sewer Available Fee							
Water Permit Fee	Line of Sight _		Sequence				
Sewer Permit Fee	F	Pool	Irrigation		1998 mart 1		
West Rankin	Г	- 001	Cubic Ft		Gal.		
Tax	Lat		Date Comple	ted			
Other Charges			Completed by				
Total Charges	Long		Somplotod D	J *			

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.