City of Senatobia Water & Gas Department
Business Application & User's Agreement for Services

Date Service Requested _____

Business Name _____

Service Address _____

Mailing Address _____

Work Telephone # _____ Cell phone # _____ Home # _____

Owners Name _____
First M.I. Last

Owners Home Address _____

Owners/CO Rep Driver License _____ Owners/CO Rep SS # _____

PLEASE CHECK ONE:

Owner and/or Authorized person(s) has the authority [ ] to cancel, change information and request deposit refund on this service account.

Only the undersigned owner (s) [ ] has the authority to cancel, change information and request deposit refund on this account.

The undersigned requests the City of Senatobia (hereinafter called the City) to supply service at the above mention location, and agrees to receive and pay for such service in accordance with rates of the City in effect at the time of service. The undersigned applicant agrees to pay all collection fees plus court cost should this account be placed with a collection agency. The undersigned agrees to allow the City and/or it's agents entrance onto above mention property to read meters, maintain and improve system, and any other activity concerning the operation of the system. The undersigned agrees to follow the Mississippi Department of Health requirements regarding onsite wastewater (website: www.msdh.ms.gov). I acknowledge that I have read and understand the above.

_____ _____ _____ _____
Owner Signature Date Company Representative Date

(FOR OFFICE USE ONLY)

Residential [ ] Recpt # _____

Commercial [ ] Acct # _____

Industrial [ ] Gargbage Service _____ No. of Containers _____

Clerk Receiving Application _____ Date _____