

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

Date Service Requested _____

Name _____
(First) (Middle) (Last)

Driver License # _____ S.S. # _____ D.O.B. _____

Place of Employment _____ Address _____

Home Telephone # _____ Cell Telephone # _____ Work Telephone # _____

Spouse/Other _____
(First) (Middle) (Last)

Driver License # _____ S.S.# _____ D.O.B. _____

Place of Employment _____ Address _____

Home Telephone # _____ Cell Telephone # _____ Work Telephone # _____

PLEASE CHECK ONE:

The undersigned and/or Spouse/Other
has the authority to cancel, transfer,
change information and request deposit
refund on this service account and will
be responsible for all bills.
(Signature of spouse/other is required)

Only the undersigned has the authority
to cancel, transfer, change information and
request deposit refund on this service
account and will assume total responsibility
for all bills.

Service Address _____

Mailing Address _____

PLEASE CHECK: Homeowner _____ Renter _____
(If Renter, please give property owner's name and address)

The undersigned requests the City of Senatobia (hereinafter called the City) to supply service at the above mentioned location, and agrees to receive and pay for such service rendered 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 agent 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.

Signature _____ Date _____ Signature Spouse/Other _____ Date _____

BANK DRAFT SERVICE IS AVAILABLE UPON REQUEST

(FOR OFFICE USE ONLY)

Rec # _____ Work Order Completed _____

Acct # _____ Deposit Info Entered _____

Prev. Acct # _____ NO. of Garbage Containers _____

Lease / Purchase Agreement (YES) _____ (NO) _____ Photo ID Attached _____

(NAME MUST BE SAME AS ON APPLICATION)

Clerk Receiving Application _____ DATE _____

