



**APPLICATION FOR WATER & SEWER SERVICE**

**P.O. Box 2180**

**Ridgeland, MS 39158**

**Phone: 601-856-6575 Fax: 601-856-2585**

Today's Date \_\_\_\_\_ Service Desire Date \_\_\_\_\_

Rent \_\_\_\_\_ Own \_\_\_\_\_ Property Owner Name/Contact Number \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Service Address \_\_\_\_\_ Lot No. \_\_\_\_\_

Subdivision \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone No. \_\_\_\_\_ Additional Telephone No. \_\_\_\_\_

Place of Employment \_\_\_\_\_

Is this service: Residential \_\_\_ Commercial \_\_\_ 2<sup>nd</sup> Meter \_\_\_\_\_

I hereby certify that the above information is true and correct to the best of my knowledge and will abide by the user fee agreement approved by the Pearl River Valley Water Supply District. The deposit will be refunded after all indebtedness to Pearl River Valley Water Supply District has been settled in full.

\_\_\_\_\_  
Signature

Upon reading this water user agreement the applicant agrees that they have followed the guidelines set forth by the State Department of Health regarding on site wastewater disposal.

For Office Use Only

Deposit Amount \_\_\_\_\_ Receipt # \_\_\_\_\_ Date \_\_\_\_\_

Assigned Acct. No. \_\_\_\_\_

Application by: Phone \_\_\_ Person \_\_\_ Mail \_\_\_ Fax \_\_\_