

TOWN OF SUMMIT WATER DEPARTMENT

P O BOX 517, SUMMIT, MS 39666

(601) 276-9536

WATER UTILITY SERVICE APPLICATION

ACCT #: _____

DATE: _____

I, _____ hereby make an application to the
Town of Summit Water Utility, (hereinafter called the Utility) for water service.

APPLICANT'S SIGNATURE

Property Owner: _____

Renter: _____

Physical Address: _____

Mailing Address: _____

Social Security #: _____ DOB: _____

Drivers License #: _____ Contact #: _____

Email Address: _____

My signature acknowledges reception of copy of the following:
"Water User Agreement for Water Service" and "Customer Tampering Agreement"

Applicant Signautre: _____

FOR OFFICE USE ONLY

RECEIPT #: _____ AMOUNT RECEIVED: _____

REFUNDABLE AMOUNT: _____ RETAINABLE AMOUNT: _____