

**TOWN OF LEAKESVILLE MISSISSIPPI**

APPLICATION FOR WATER SERVICE  
301-A LAFAYETTE AVENUE  
LEAKESVILLE, MISSISSIPPI 39451  
(601) 394-2383

DATE \_\_\_\_\_

**MAILING ADDRESS:**

1. NAME \_\_\_\_\_

2. STREET \_\_\_\_\_

3. CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE# \_\_\_\_\_ LICENSE# \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_

**LOCATION WHERE SERVICE WILL BE PROVIDED?**

ARE YOU MARRIED? \_\_\_ YES OR \_\_\_ NO - SPOUSE NAME \_\_\_\_\_

HAVE YOU OR YOUR SPOUSE EVER HAD WATER SERVICE IN THE TOWN OF LEAKESVILLE? \_\_\_ YES OR \_\_\_ NO - IF SO, WHEN?  
\_\_\_\_\_

Have you ever had water service in Greene County \_\_\_ (yes) \_\_\_ (no) if yes, where? \_\_\_\_\_

- 1) IS THIS A NEW METER SERVICE? \_\_\_ YES OR \_\_\_ NO
- 2) ARE YOU RENTING THIS RESIDENCE? \_\_\_ YES OR \_\_\_ NO
- 3) IS THIS SERVICE TO A MOBILE HOME? \_\_\_ YES OR \_\_\_ NO (PLEASE ANSWER THE FOLLOWING QUESTIONS IF YOU ANSWERED YES TO QUESTION NUMBER 3.)
  - A) DO YOU OWN THIS MOBILE HOME? \_\_\_ YES OR \_\_\_ NO
  - B) DO YOU OWN THE LAND THAT THIS MOBILE HOME IS LOCATED ON? \_\_\_ YES OR \_\_\_ NO
  - C) ARE YOU RENTING THIS MOBILE HOME? \_\_\_ YES OR \_\_\_ NO
  - D) WHO ARE YOU RENTING THIS MOBILE HOME FROM?  
\_\_\_\_\_

**\*\*\*I HEREBY CERTIFY THAT ALL INFORMATION GIVEN ON THIS APPLICATION FOR THE PURPOSE OF SECURING WATER SERVICE WITH THE TOWN OF LEAKESVILLE AND DETERMINING THE DEPOSIT AND TAP FEE'S DUE AND ALSO TO CERTIFY IDENTITY IS ALL TRUE AND CORRECT.**

DATE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

**(FOR OFFICE USE ONLY)**

DEPOSIT AMOUNT PAID \_\_\_\_\_

DATE \_\_\_\_\_

WATER TAP AMOUNT PAID \_\_\_\_\_

DATE \_\_\_\_\_

SEWER TAP AMOUNT PAID \_\_\_\_\_

DATE \_\_\_\_\_

ACCOUNT# \_\_\_\_\_

METER # \_\_\_\_\_

DATE TURNED ON \_\_\_\_\_

METER READING ON \_\_\_\_\_

Receipt # \_\_\_\_\_