

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

DATE _____

(PLEASE PRINT CLEARLY)

MAILING ADDRESS:

- 1. NAME: _____
- 2. STREET: _____
- 3. CITY, STATE, ZIP: _____
- 4. TELEPHONE# _____
- 5. LICENSE# _____
- 6. 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 WITH 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

A) PLEASE PROVIDE A COPY OF THE LEASE, RENTAL, LEASE TO PURCHASE AGREEMENT, ETC.

B) DEPOSITS FOR RENTAL PROPERTIES ARE \$200.00. \$100 DUE UPON THE SIGNING UP THIS APPLICATION AND THE REMAINDER MUST BE PAID WITHIN 30 DAYS.

3) IS THIS SERVICE TO A MOBILE HOME? _____ YES OR ___ NO

4) (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 WHERE THE MOBILE HOME IS LOCATED ON? _____ YES OR
_____ NO

C) WHO ARE YOU RENTING THIS MOBILE HOME FROM?

Turn over ->

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)

TOTAL DEPOSIT REQUIRED: _____

DEPOSIT AMOUNT PAID (1 OF 2): _____

DATE _____

RECEIPT# (1 OF 2): _____

DEPOSIT AMOUNT PAID (2 OF 2): _____

DATE _____

RECEIPT# (2 OF 2): _____

WATER TAP AMOUNT PAID: _____

DATE _____

RECEIPT# _____

SEWER TAP AMOUNT PAID: _____

DATE _____

RECEIPT# _____

EMPLOYEE INITITALS: _____

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