

**City Of Waveland
Public Works Department
Deposit Application**

Name: _____
Physical Address: _____
Date of Birth: _____ SS#: _____ Phone#: _____

LANDLORD *THIS APPLIES TO TENANTS ONLY*

Name: _____ Address: _____
Contact Number: _____

EMPLOYER

Name: _____ Address: _____
Contact Number: _____ Supervisor: _____

SPOUSE OR ROOMATE

Name: _____ SS#: _____

CREDIT REFERENCE

Bank: _____ City: _____ State: _____
Type: _____

EMERGENCY CONTACT *REQUIRED FOR ALL CUSTOMERS*

Name: _____ Address: _____
Phone: _____ Relationship: _____

BY MY SIGNATURE, I AGREE TO ADHERE TO THE RULES AND REGULATIONS SET FORTH BY THE CITY OF WAVELAND. I UNDERSTAND THAT IF I DO NOT PAY MY CURRENT BALANCE BEFORE THE 15 DAYS AFTER THE BILLING DATE, I WILL BE SUBJECT TO LATE FEES, COSTS OF COLLECTIONS, AND TERMINATION OF SERVICE. I UNDERSTAND THAT I AM RESPONSIBLE FOR THE PROMPT PAYMENT OF MY ACCOUNT AND THAT I MAY BE SUED FOR THE DELINQUENT SERVICES AND/OR FEES. I AGREE TO PAY ALL COSTS ASSOCIATED WITH THE COST OF COLLECTING THIS ACCOUNT, INCLUDING LATE FEES, COLLECTION FEES, AND ALL COURT COSTS.

CUSTOMER SIGNATURE: _____ DATE: _____

SPOUSE OR ROOMATE: _____ DATE: _____