

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

Name: _____
Service Address: _____
Date of Birth: _____ SS#: _____ Driver's License#: _____
Phone#: _____ Gender: _____ Race: _____
E-mail Address: _____

EMPLOYER

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

SPOUSE OR ROOMATE

Name: _____
SS#: _____ Phone#: _____

EMERGENCY CONTACT *REQUIRED FOR ALL CUSTOMERS*

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

UTILITY BILLS ARE DUE ON THE 1ST BUSINESS DAY OF THE MONTH. LATE FEES WILL BE ADDED ON THE 16TH AND CUT OFFS BEGIN ON THE 21ST OF THE MONTH. IF YOUR WATER IS TURNED OFF FOR NON-PAYMENT, THERE IS A \$26.75 RECONNECT FEE.

IT IS ILLEGAL TO TAMPER WITH CITY PROPERTY.

BY MY SIGNATURE, I AGREE TO ADHERE TO THE RULES AND REGULATIONS SET FORTH BY THE CITY OF WAVELAND ORDINANCE NO. 371 & 371.1. 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: _____