

**APPLICATION FOR GAS AND WATER SERVICE
WAVELAND, MISSISSIPPI**

_____, 20____

I hereby make application to the City of Waveland, Mississippi, to furnish water, sewer, and/or gas service to the premises as is hereinafter shown. I agree to pay for such service furnished in accordance with the schedule of rates and regulations adopted by the City of Waveland, for the operation of its Public Utility System.

The City of Waveland, its authorized agents and employees, are hereby granted the right and privilege to enter upon the premises to be served, for the purpose of making excavations, to install or maintain the public utility services requested, and for any other purpose relative to the reading, removal, or installation of meters, and maintenance and operation of the utility services.

I agree to the following terms:

- * That unauthorized tampering with city property and utility meter is a crime and will be prosecuted to the fullest extent of the law.
- * That the City has the right to terminate service if my utility bill is not paid per the terms stated in the current City Utility Ordinance.
- * That if I dispute my bill, I will follow the procedure that is outlined in the City Utility Ordinance.
- * That the City has the right to estimate my bill for any period in which the meter fails to operate properly.
- * That termination of services must be made in writing by completing a Termination of Services Form.

I am the _____ of the premises to which utility services are to be furnished; said premises are described below.

I hand you herewith \$ _____ as a deposit, as required by Ordinance. Deposits shall be returned to customers upon cessation of service and payment of bills in full.

WATER METER DEPOSIT \$ _____

SEWERAGE DEPOSIT \$ _____

GAS DEPOSIT \$ _____

CONNECTION \$ _____

INSTALLATION \$ _____

TAX \$ _____

TOTAL \$ _____

(Service Address)

(Applicant Signature)

(Printed Name of Applicant)

(Mailing Address)

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

Name: _____

Service Address: _____

Mailing Address: _____

Phone#: _____ SS#: _____

DOB: _____ Gender: _____ Race: _____

E-mail Address: _____

EMPLOYER

Name: _____ Phone#: _____

SPOUSE OR ROOMATE

Name: _____

Phone#: _____

EMERGENCY CONTACT *REQUIRED FOR ALL CUSTOMERS*

Name: _____ 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: _____