



# NEW SERVICE APPLICATION

P.O. Box 2180

Ridgeland, MS 39158

Phone: 601.856.6575

Fax: 601.856.2585

Today's Date \_\_\_\_\_ Service Desire Date \_\_\_\_\_

Rent \_\_\_\_\_ Own \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Service Address \_\_\_\_\_ Lot No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Subdivision \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work No. \_\_\_\_\_

Mobile No. \_\_\_\_\_ Home No. \_\_\_\_\_

Is this service: Residential \_\_\_\_ Commercial \_\_\_\_ 2<sup>nd</sup> Meter \_\_\_\_

I hereby certify that the above information is true and correct to the best of my knowledge and will accept complete responsibility of all cost accrued by this account. The deposit will be refunded after all indebtedness to Pearl River Valley Water Supply District has been settled in full.

\_\_\_\_\_  
Signature

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For Office Use Only

Deposit Amount \_\_\_\_\_ Receipt # \_\_\_\_\_ Date \_\_\_\_\_

Assigned Acct. No. \_\_\_\_\_

Application by: Phone \_\_\_\_ Person \_\_\_\_ Mail \_\_\_\_ Fax \_\_\_\_