

NATCHEZ WATER WORKS  
150 N. SHIELDS LANE  
P.O. BOX 1325  
NATCHEZ, MISSISSIPPI 39120

**APPLICATION FOR WATER/SEWER SERVICE**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ E911 Number (Required) \_\_\_\_\_

Call 601-445-2266 for 9 digit number

<b>Type of Service: (Check All That Apply)</b>	<b>TENANT MUST HAVE LEASE AT TIME OF TURN ON</b>
Residential _____ Business _____ /	Tenant _____ Owner _____ Landlord _____

Address Where Turning On Service \_\_\_\_\_

Mailing Address If Different \_\_\_\_\_

Telephone Number \_\_\_\_\_ SSN / Tax ID No. / Other \_\_\_\_\_

Employment or Source of Income \_\_\_\_\_

Employers Phone Number \_\_\_\_\_

Name of Landlord Where Moving To \_\_\_\_\_

Landlord's Telephone Number \_\_\_\_\_

Previous Address Where Moving From \_\_\_\_\_

**For Residential Services:** (Garbage fee of \$13.74 imposed to all households or dwelling units)

Name, Address & Phone Number of Two Relatives Not Living With You and Relationship;

1. \_\_\_\_\_
2. \_\_\_\_\_

Name and Social Security Number of Other Persons Living With You:

\_\_\_\_\_

**For Business Services:** Name, Address & Phone Number of Two References:

1. \_\_\_\_\_
2. \_\_\_\_\_

**Please Read and Sign:**

I, \_\_\_\_\_ Print Name \_\_\_\_\_, certify that the above information provided by me is true and correct and that I have read and understand the attached fee schedule. I do agree to pay Natchez Water Works for the water, sewer and garbage charges and any applicable fees in agreement with the applicable rates as explained to me at the time of turn on. It is agreed that the guidelines set forth by the State Department of Health regarding onsite wastewater disposal are being followed.

Date \_\_\_\_\_ Signature of Account Holder \_\_\_\_\_ Sign Name \_\_\_\_\_

**Subscription Service (Optional):**

If you would like to receive news and alerts via email or text, please fill in the applicable methods below;

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_ Carrier: \_\_\_\_\_

For Office Use Only:

ACCT# \_\_\_\_\_ DEP# \_\_\_\_\_ Rec'd By \_\_\_\_\_ Amount \_\_\_\_\_ (Cash / Check )

Check # \_\_\_\_\_

Service Turn-On Date \_\_\_\_\_