



CITY OF LAUREL
WATER DEPARTMENT
401 N 5TH AVE LAUREL MS
39440
(601) 428-6425

APPLICATION FOR SERVICE

CUSTOMER: _____
 SERVICE ADDRESS: _____
 MAILING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____ - _____
 SOCIAL SECURITY # _____ - _____ - _____
 TELEPHONE(S): _____

SERVICES:

WATER
 SEWER
 GARBAGE

METER READING: _____

TYPE:

RESIDENTIAL
 SMALL COMMERCIAL
 LARGE COMMERCIAL
 INDUSTRIAL
 GOVERNMENT
 INSTITUTION
 SCHOOL
 CHURCH
 AGRICULTURE
 MISCELLANEOUS
 UNKNOWN

The City of Laurel, Mississippi agrees to furnish and the customer agrees to receive, use and pay for water and sewer for the premises located at the above service address. In accordance and subject to the rules, regulations and rate schedule of said town in effect at the time service is rendered, and which rules, regulations and rate schedules are subject to change in a manner prescribed by law.

All bills rendered are due and payable by the _____ day of the month following that for which service has been rendered. The City of Laurel is authorized, but not required, to apply all or any part of deposit toward satisfaction of past due bills. Service may be disconnected to past due account without notice. The applicant agrees to follow the guidelines set forth by the State Department of Health regarding onsite wastewater disposal.

 CUSTOMER: _____ DATE: _____

WATER SERVICE TURN-ON RELEASE

Dear Water Customer:

You have requested new water or restoration of your existing water service. Our personnel will turn on your water meter before the close of business today.

Neither the City of Laurel nor Veolia has any responsibility past your water meter. Therefore it is **your** responsibility to insure all of your faucets in your house (or building) are turned off prior to our turning on your water service. Our personnel will turn your water meter on and will have no responsibility to confirm that your inside faucets are turned off.

If you are requesting new service and would prefer to set up a specific time for the water service to be turned on, we will need a 24-hour notice to set up the appointment. Otherwise, we will turn on your service within the same business day.

By signing below, you accept full responsibility of insuring all of your inside faucets are turned to an off position.

Thank you.

 CUSTOMER: _____ DATE: _____ SERVICE ADDRESS: _____

OFFICE USE ONLY:

ACCOUNT #: _____ CSR: _____