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BOARD OF ALDERMAN
Gerald Gary
Robert Gibbs
Ricky Newton
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William Tabb

APPLICATION FOR WATER SERVICE, EUPORA MUNICIPAL WATER

PERMIT NO. _____

ACCOUNT #: _____

METER READING: _____

(ROUTE # _____/SERVICE # _____)

DATE TO BE CUT ON: _____

DATE: _____

NAME: _____

D.L. #: _____

TELEPHONE #: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

OWN: _____ RENT: _____

LANDLORD (IF APPLICABLE): _____ TELEPHONE: _____

PREVIOUS ADDRESS: _____

EMPLOYER: _____ TELEPHONE: _____

EMPLOYER ADDRESS: _____

EMERGENFCY CONTACT: _____

ADDRESS: _____ TELEPHONE: _____

HAVE YOU EVER RECEIVED WATER SERVICE FROM US BEFORE?

YES: _____ NO: _____

IF YES, DATE: _____ ADDRESS: _____

Signature of Applicant: _____ Date: _____

IT IS UNDERSTOOD AND AGREED UPON THAT ANY MISREPRESENTATION BY ME ON THIS APPLICATION FOR WATER SERVICIE WILL BE SUFFICIENT CAUSE FOR DISCONTINUANCE OF WATER SERVICES.

SIGNATURE: _____