## PROGRESS COMMUNITY WATER ASSOCIATION 200 MITCHELL AVENUE, PURVIS MS 39475 601-794-8664

## APPLICATION FOR WATER SERVICE

(Please print) First and Last	Name		Co-applicant Name
Service Address			Billing Address (If Different)
City, State, Zip Code			City, State, Zip Code
	ject to interruption witho	ut notice if not pai	nowledge responsibility for payment of service id by due date. The total outstanding balance must be
			t (tenant) and a picture identification is required to nt form giving Progress Water right to fix and install
			at of your account, please call our office at the above day through Friday with the exception of Holidays.
facilities (sinks, tubs, faucet	s/inside and outside, etc)	are turned off, or	e address, I agree to ensure that all water service someone will be on the property to check for leakage. o this property or its contents.
Signature		Date	SS# or Drivers License Number
Home Telephone			Cell Phone Number
email			do you receive text at this number
by a water or sewer system within to person's former water sewer system	this state, moves into another and establishes that there is no dis	rea of this state and app pute that the delinquen	t on the payment of an undisputed bill for water service provided plies for or receives water from another water sewer system, if the nt amount is properly due and owed by that particular individual in the delinquent person until such person provides proof of curing
OFFICE USE ONLY: Total	amount paid		
First Reading	Sequence #		Serial #