

BEAT III GREENE COUNTY WATER SYSTEM, INC
39560 HIGHWAY 62 NORTH
RICHTON, MISSISSIPPI 39476
601-989-2850

APPLICATION FOR MEMBERSHIP AND WATER SERVICE

NAME: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

(IF DIFFERENT) _____

TYPE OF SERVICE: (PLEASE CIRCLE ONE)

HOUSE MOBILE HOME CAMP RENT LIVESTOCK

APPLICANT'S INFORMATION

SOCIAL SECURITY # _____ - _____ - _____ DRIVER'S LICENSE # _____

SPOUSE'S NAME: _____ SPOUSE'S SOCIAL SECURITY # _____ - _____ - _____

HOME PHONE #: _____ CELL PHONE #: _____

PLACE OF EMPLOYMENT: _____ WORK #: _____

PREVIOUS ADDRESS: _____

HAVE YOU EVER HAD A METER ON THIS SYSTEM? YES _____ NO _____

HOW MANY PEOPLE ARE LIVING IN THE HOUSEHOLD? _____ BEAT: _____

****ALL ACCOUNTS MUST BE PAID IN FULL BY THE 15TH OF EACH MONTH****

****** FIRE DONATIONS ARE VOLUNTARY******

*****THE APPLICANT AGREES THAT THEY FOLLOWED THE GUIDELINES SET FORTH BY THE STATE DEPARTMENT OF HEALTH REGARDING ONSITE WASTEWATER DISPOSAL *****

******THE APPLICANT ACKNOWLEDGES THAT THEY HAVE RECEIVED A COPY OF THE RULES SET BY THE BOARD OF DIRECTORS AND THE CUT-OFF POLICY******

*****THE CUSTOMER AGREES THAT THEY WILL FORFEIT THEIR MEMBERSHIP AND/OR RENTAL AND TRAILER FEES, IF THERE IS A DEFAULT IN PAYMENT OR THE METER IS LOCKED DUE TO NONPAYMENT. ****

SIGNATURE

*****BEAT III GREENE COUNTY WATER IS AN EQUAL OPPORTUNITY SERVICE PROVIDER*****

FOR OFFICE USE ONLY

ACCOUNT NUMBER _____

COMMENTS: _____

MTR # _____ M/R _____

MTR LOC: _____

PAID: _____

DATE: _____

SIGNED: _____

M/S ___ R/F ___ T/F ___ S/C ___ NEW/TAP ___ T/F ___ REC/FEE ___ R/B ___