

## **APPLICATION FOR UTILITY SERVICE**

127 West Peace Street Canton, MS 39046 Phone: 601-859-2921 Fax: 601-855-54 77 Email: infodesk1@cmu.com Website: www.cmu.com

Taken by:	 _Date:	
_		

77 Email: infodesk1@cmu.com Website: www.cmu.com			AN ADULT MUST BE PRESENT IN ORDER FOR SERVICES TO BE CONNECTED												
□Homeowner	□Renta	al		□Business □Temp			□Tempora	ry	□New Cut In						
□Cut-Out	□Tran	sfer		⊐Wat	ter Tap		□Sewer Ta	р	□Gas Tap						
CUSTOMER INFORMATION															
Name:	Socia	Social Security #:					Date of Birth:								
Address:				City/State				Zip Code:							
Place of Employment:			Cell I	Cell Phone:				TEXT MESSAGE? YES □ NO □							
Email:					Other Phone:			: F	Facebook 🗆 📑			er 🗆	Goo	gle+ □	
SERVICE AGREEMENT															
I, applicant, hereby water, wastewater as request. I, applicant, until such payment h	nd gas service understand a	es at the a and agree	ibove ser that failu	ties to vice lo re to p	provide app cation. I, app ay any amou	plicable ı plicant, a unt due t	utility services gree to pay all o CMU can res	char; ult in	ges for service	servic es not	es ren	dered a	as a re	sult of this	
				F	OR CMU	USE O	NLY								
				S	ERVICE INF	FORMA	ΓΙΟΝ								
	CON	INECT				DISCONNECT									
Location:				Location:											
Cut on Date: Firs			First Bill:	rst Bill: Cu			Cut Off Date:			Last Bill:					
UTILITIES:	Electric 🗆	Water 🗆	Sewe	er 🗆	Gas □	UTILIT	ΓIES:	Elect	ric 🗆	Wate	er 🗆	Sewer		Gas □	
Scheduled Turn On Time: Scheduled Turn Off Time:															
CUSTOMER ACCOUNT															
Previous customer # at new location:							Utilities On: □ Off: □								
New customer # at new location:							R	oute:							
Customer # from former location:					Stop:										
CUSTOMER ACCOUNT FEES															
Amount of Deposit Transferred:				Bill:			AIC:			Transfer Fee:					
Amount of Deposit Paid:				Amount of Tap Paid:			Tax Paid:			Si	Size:				
Total Amount collect	ed: (Bill + AI	C + Trans	Fee + Dep	posit P	aid + Tap + T	Tax) =									
Remarks:															