TOWN OF BELMONT UTILITY SERVICE

NAME	9/44		****
EMPLOYER	and the second s	7-9-1	44
SOCIAL SECURITY#	, — Andrews and a second a second and a second a second and a second a second and a	100	
DATE OF BIRTH			
SPOUSE NAME	-0.000 (Market Code)	- +	
EMPLOYER .	(Then)		76.4
SOCIAL SECURITY#	TO THE RESIDENCE AND ADDRESS ASSESSMENT ASSE	7. Amin'n CV	
PHONE NUMBER		V-1700/min-4.da	
PHYSICAL ADDRESS OF S	ERVICE		
MAILING ADDRESS	Thomas and the state of the sta		
DO YOU OWN THIS HOME	OR BUSINESS	YES	NO
IF RENTING, FROM WHOM	***************************************	annu -	
HAVE YOU HAD PREVIOUS Y	S SERVICE FROM TH YES NO	IE TOWN OF BEL	MONT?
IF YES,UNDER WHAT NAM	E?		******
RACE: WHITE AFF	RICAN AMERICAN OTHER	HISPANIC	
SIGNATURE		DATE	

Water Agreement

I agree to pay a \$150.00 water deposit to the Town of Belmont, Ms in exchange for water service. I understand that it is my responsibility to notify the water department when I wish to stop my water service. Upon payment of final bill, which will be marked as such, water deposits can be refunded to the customer. It is the customer's responsibility to request a refund of the water deposit. No deposit will be refunded on an account that has a balance. Once a final bill is six (6) months old and still has an unpaid balance, deposits may be applied to the outstanding balance. The applicant agrees to follow the guidelines set forth by the State Department of Health regarding on-site wastewater disposal.

Date

Utility Cut Off Policy Town of Belmont, MS

All utility bills for the Town of Belmont are due and payable by the 15th of the month. Balances not paid on or before the 15th will be subject to a 10% penalty and will be considered delinquent. Service will be disconnected if not paid in full by the 25th of each month. To re-instate service, customer must pay entire balance due plus the \$50 re-connect fee. Service will be reconnected within the business hours of the maintenance department 6:30 AM to 2:00 PM. I have read and understand this agreement. I have received the information made available to me.

Signature	Date	