

CITY OF FULTON

FULTON, MISSISSIPPI

GAS & WATER DEPARTMENT

SERVICE INFORMATION:

DATE: _____

FULL NAME: _____ DL#: _____

SPOUSE/SIGNIFICANT OTHER: _____ DL#: _____

PHONE NUMBER: _____ CELL: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: (IF DIFFERENT THAN ABOVE)

List how many people are living at service address: _____

Have you had service with the City of Fulton previously? _____

If yes, where and under what name? _____

Applicant's Employer: _____

I RENT _____ OR OWN _____ my home.

Landlord's Name: _____ Number: _____

The undersigned hereby makes application for service at the above address and agrees to pay for said service as measured by the City's meter according to rate applicable.

The applicant agrees to permit authorized agents of the City free access to the premises of the consumer for the purpose of inspecting, reding, repairing, or removing property of the City.

The applicant agrees that in case of default of payment, I promise to pay any legal interest due, together with any collection agency costs and reasonable attorney fees incurred to effort collection on this account and any subsequent location.

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____

All services inside the city limits are required to have the City of Fulton garbage services.

Living outside the city limits will receive services from the county.