



APPLICATION FOR UTILITY SERVICE

127 West Peace Street Canton, MS 39046
 Phone: 601-859-2921 Fax: 601-855-5477
 Email: infodesk@cmu.com
 Website: www.cmu.com

Taken by: _____ **Date:** _____

AN ADULT MUST BE PRESENT IN ORDER FOR SERVICES TO BE CONNECTED

- | | | | | |
|------------------------------------|-----------------------------------|------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Homeowner | <input type="checkbox"/> Rental | <input type="checkbox"/> Business | <input type="checkbox"/> Temporary | <input type="checkbox"/> New Cut In |
| <input type="checkbox"/> Cut-Out | <input type="checkbox"/> Transfer | <input type="checkbox"/> Water Tap | <input type="checkbox"/> Sewer Tap | <input type="checkbox"/> Gas Tap |

CUSTOMER INFORMATION

Name:		Social Security #:		Date of Birth:	
Address:		City/State:		Zip Code:	
Place of Employment:		Cell Phone:		TEXT MESSAGE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Email:		Other Phone:	SOCIAL MEDIA:	Facebook <input type="checkbox"/>	Twitter <input type="checkbox"/> Google+ <input type="checkbox"/>

SERVICE AGREEMENT

I, applicant, hereby request Canton Municipal Utilities to provide applicable utility services which may include but not limited to electric, water, wastewater and gas services at the above service location. I, applicant, agree to pay all charges for services rendered as a result of this request. I, applicant, understand and agree that failure to pay any amount due to CMU can result in services not being connected/reconnected until such payment has been received. I have read and accept the terms of the applicant's responsibilities.

Signature:	Date:
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FOR CMU USE ONLY

SERVICE INFORMATION

CONNECT					DISCONNECT				
Location:					Location:				
Cut on Date:			First Bill:		Cut Off Date:			Last Bill:	
UTILITIES:	Electric <input type="checkbox"/>	Water <input type="checkbox"/>	Sewer <input type="checkbox"/>	Gas <input type="checkbox"/>	UTILITIES:	Electric <input type="checkbox"/>	Water <input type="checkbox"/>	Sewer <input type="checkbox"/>	Gas <input type="checkbox"/>
Scheduled Turn On Time:					Scheduled Turn Off Time:				

CUSTOMER ACCOUNT

Previous customer # at new location:	Utilities On: <input type="checkbox"/> Off: <input type="checkbox"/>
New customer # at new location:	Route:
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:	Size:
Total Amount collected: (Bill + AIC + Trans Fee + Deposit Paid + Tap + Tax) =			
Remarks:			