

McHenry Utility Assn., Inc.

P.O. Box 23
McHenry, MS 39561
601-528-5542

SERVICE APPLICATION

1. **NAME OF APPLICANT:** _____
2. **SERVICE ADDRESS:** _____
3. **MAILING ADDRESS:** _____
4. **TELEPHONE NUMBER:** _____ **Email Address:** _____
5. **Have you previously been a customer on this water system?** Yes _____ No _____
6. Are you: **choose a, b, or c**, then answer the sub questions for that category:
 - a. **RENTING/LEASING**
 - i. Landlord's Name, address, and phone number _____
 - b. **BUYING** _____
 - i. Do you have a private well? Yes _____ No _____ If yes, do you authorize this water system to inspect for cross connection purposes? Yes _____ No _____ If no, why not? _____
 - c. **NEW DWELLING** _____
 - i. Do you own the property _____ Lease the property _____ Family member owns property _____?
 - ii. Are you building _____ Moving in a mobile home _____
 - iii. Do you have your letter of intent Form 335E from the Mississippi State Board of Health? Yes _____ No _____

FEES:

\$ _____ MEMBERSHIP (NON-REFUNDABLE) (\$25.00)	PAID _____
\$ _____ WATER DEPOSIT (Renters) (REFUNDABLE) (\$150.00)	CASH _____
\$ _____ APPLICATION FEE (NON-REFUNDABLE) (\$50.00)	CHECK _____
\$ _____ NEW SERVICE/INSTALLATION (NON-REFUNDABLE) (\$700.00)	COLLECTED BY: _____
\$ _____ LATE FEE (10% of CURRENT BILL)	_____
\$ _____ RETURN CHECK FEE (\$35.00)	_____
\$ _____ SERVICE CHARGE FEE FOR AFTER BUSINESS HOURS (\$50.00)	_____
\$ _____ PHOTOCOPY FEE (\$.50/PAGE) (Allow 24 hours to process photocopy requests. Requests must be made in writing.)	
\$ _____ TOTAL DUE	

PREVIOUS OWNER/TENANT (IF APPLICABLE): _____

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE SUMMARY OF RULES AND REGULATIONS DEFINING AVAILABILITY, USAGE, PAYMENT, POLICY, LATE CHARGES, TERMINATION FOR NON-PAYMENT, RE-CONNECTION FEE, ETC.

PROPERTY OWNER/TENANT

DATE

RESIDENTIAL _____

OTHER _____

NEW METER: _____

EXISTING METER: _____

_____**HEALTH DEPARTMENT SEPTIC APPROVAL**

_____**EXISTING SEPTIC**

_____**FORM 335E**

_____**SEWER**

"This Association is an equal opportunity service provider"

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