CLOSING DATE:_____
Name Change:_____
Billing Address Change:_____

McHenry Utility Assn., Inc.

P.O. Box 23
McHenry, MS 39561
601-746-7376

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. **RENTING/LEASING** Landlord's Name, address, and phone number _____

   i. **BUYING**_____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? _____

   ii. **NEW DWELLING** _____Do you own the property_____ Lease the property_____ Family member owns property___

   iii. Are you building _____Moving in a mobile home_____

   iv. Do you have your letter of intent Form 335E from the Mississippi State Board of Health? **Yes**____ **No**____

FEES:

$_____ MEMBERSHIP (NON-REFUNDABLE) ($25.00) **CARD** _____

$_____ WATER DEPOSIT (Renters) (REFUNDABLE) ($150.00) **CASH**_____

$_____ APPLICATION FEE (NON-REFUNDABLE) ($50.00) **CHECK**_____

$_____ NEW SERVICE/INSTALL (NON-REFUNDABLE) STARTING AT ($700.00) **C.C.**_____

$_____ LATE FEE (10% of CURRENT BILL) **COLLECTED BY**:_____

$_____RETURN CHECK FEE ($35.00) _____

$_____SERVICE CHARGE FEE FOR AFTER BUSINESS HOURS ($50.00) _____

$_____DISCONNECT/RECONNECT FEE ($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. I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE WATER USER'S AGREEMENT DEFINING ACCESSIBILITY, DELINQUENT ACCOUNTS. ONE METER PER RESIDENCE, CROSS CONNECTION REGULATIONS, ALL WATER PASSING THROUGH YOUR METER IS YOUR RESPONSIBILITY.

_____ _____

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"

WWW.MCHENRY.MYRURALWATER.COM **MCHENRYUA@OUTLOOK.COM**