



ROUTE # _____
ACCOUNT # _____
METER # _____

CONTRACT DATE _____

CITY OF McCOMB UTILITY SERVICE CONTRACT

Customer's Name: _____
Service Address: _____
Mailing Address: _____
City _____ State _____ Zip _____

This Contract entered into this day by and between the city of McComb City, Pike County, Mississippi, hereinafter called "City", and the Customer as described above hereinafter called "Customer", Witnesseth:

The City agrees to furnish water from the water mains of said City, sewer where available, and solid waste disposal where applicable to the premises now owned or occupied by the Customer, described as the service address until **a City Water Cut Off Request Form is given by the Customer to the City to discontinue it**; or this contract is otherwise terminated and the Customer agrees to pay the City Treasurer at the City Treasurer's office for said utility services monthly as billed; **bills for utility services shall be due and payable prior to 5:00 p.m. of the 15th day of each month. If bills are not paid prior to 5:00 p.m. on the 26th day of the month due, the City reserves the right to cut off service without further notice.** If the Customer permits other than occupants of said premises to use said water; the Customer agrees to pay the deposit as listed below and all other applicable charges from date of billing to City Treasurer of said City. This Contract is made subject to all provisions of the Charter and Ordinances of said City as now written, or as after amended, and the right of said City to amend them is recognized and agreed to.

Customer Signature _____
Billing Clerk Signature _____
Social Security # _____ Contact Phone # _____
Employer _____ Email Address _____

TO CITY CLERK: You are hereby authorized to collect the amount below:

Utility Deposit \$ _____ \$200.00 3/4 Inch Meter Residential
\$ _____ \$250.00 1 Inch Meter or Mobile Home
\$ _____ \$250.00 Commercial
\$ _____ Balance from other _____
Transfer From Location # _____ - _____ - _____ \$ _____ Additional Deposit Required
Transfer Deposit Amount _____
Service Fee \$ _____ \$10.00
Water Connection Fee \$ _____ Meter Size _____
Sewer Connection Fee \$ _____ The applicant agrees to follow the guidelines set forth by the State Department of Health regarding onsite wastewater disposal.
Sales Tax \$ _____
TOTAL CHARGES \$ _____

Received payment this day _____
Signature of Collections _____

You should receive a bill by ____/____/____, if not, call 601-684-5491.