

THE CITY OF CLEVELAND, MISSISSIPPI
P. O. BOX 1439 • 100 NORTH STREET
CLEVELAND, MS 38732
662-846-1471

Date of Application: _____ Account # _____

Name on Billing: _____

Service Address: _____

Mailing Address (if different): _____

Contact Telephone Number(s): _____

Social Security Number (show picture ID): _____

Drivers License Number: _____

Place of Employment: _____

Name and Phone Number of Landlord (for renters only): _____

Have you had water service with us before? _____ If yes, when? _____

Would you like to set up a draft? Yes No

Transfers: Are you currently on draft? Yes No

Do you wish to stay on draft? Yes No

NOTICE: MAKE SURE YOUR ADDRESS IS CORRECT ON VOTER REGISTRATION ROLL AT THE BOLIVAR COUNTY COURTHOUSE.

FOR OFFICE USE ONLY

TO BE COMPLETED BY THE CLERK BEFORE TRANSACTION ENDS:

- Check picture ID against information above
- Check on inspection
- Copy of lease/rent agreement (attach to application)
- Check for final bill
- Collect deposit/receipt given
- Bags given (if applicable)
- Account is INSIDE/OUTSIDE city limits (circle one).

Deposit Receipt No. _____ \$ _____ Turn-On Card No. _____

CLERK: _____