

**City of Leland**  
P.O. Drawer 271  
Leland, Mississippi 38756

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Owner \_\_\_\_\_ Rent \_\_\_\_\_ Tel. No. \_\_\_\_\_

Employed By \_\_\_\_\_ Tel. No. \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Employed By \_\_\_\_\_ Tel. No. \_\_\_\_\_

Previous Address \_\_\_\_\_ How Long \_\_\_\_\_

Nearest Relative \_\_\_\_\_ Address \_\_\_\_\_

**OFFICE USE ONLY**

Customer Name \_\_\_\_\_ Deposit \_\_\_\_\_

Service Transferred to \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Date Service Discontinued \_\_\_\_\_ Forwarding Address \_\_\_\_\_

APPLICATION FOR SERVICE

The applicant whose signature appears below, applies to the City of Leland for electric, water, sewer, garbage and trash services to be supplied at the location herein described and, upon request, at any other location to which he may move within the area served by this City.

The applicant agrees to pay for said services as bills are rendered in accordance with the rates, rules and regulations as provided by the City, and as now exist, or as may hereafter be adopted, and in effect at the time of delivery.

The applicant further agrees to release and discharge said City from any liability for damages suffered by reason of interruption, discontinuance or disconnection of service hereunder from any cause, or by reason of the maintenance, location or existence of any of the facilities, fixtures or systems located on or adjoining the property supplied, and by which such services are furnished or delivered.

Past due accounts over ninety (90) days will be turned over to a collection agency. I agree to pay all reasonable attorney fees and collection costs in the event of default of payment for said services.

I hereby apply for electric, water, sewer, garbage and trash services in accordance with the terms and conditions appearing above. I have read and fully understand the above consent.

\_\_\_\_\_  
Customer's Signature

LAWRENCE-GREENWOOD 33683

\_\_\_\_\_  
Date