

CITY OF STARKVILLE ELECTRIC DEPARTMENT

P.O. BOX 927, STARKVILLE, MS 39760

PHONE: (662) 323-3133; FAX (662) 323-3273

APPLICATION OF UTILITY SERVICE

NAME: _____ SS# _____

SERVICE ADDRESS: _____

DATE FOR CONNECTION: _____

MAILING ADDRESS: _____

CONTACT PHONE # _____

DEPOSITS:

RENTER \$165.00

ALL MOBILE HOMES

\$165.00

OWNER \$60.00

ALL TEMPORARY SERVICES \$165.00

NO CREDIT CARDS ACCEPTED, ONLY CHECK, CASH, OR MONEY ORDER

A \$ 10.00 CONNECTION FEE WILL BE ADDED TO YOUR FIRST BILL.

BY SIGNING BELOW, I HEREBY AGREE TO ABIDE BY THE POLICIES AND REGULATIONS OF STARKVILLE ELECTRIC DEPARTMENT, INCLUDING BUT NOT LIMITED TO, SECURING ALL ELECTRICAL AND WATER APPLIANCES IN THE OFF POSITION ON THE DATE SERVICE IS BEGUN AND PAYING ALL CHARGES UNDER THE TERMS AND CONDITIONS LISTED ON THE BILL.

SIGNATURE: _____ DATE: _____

MUST SHOW PROOF OF IDENTIFICATION AND PROOF OF RESIDENCE (LEASE, BILL OF SALE OR WARRANTY DEED)

FOR OFFICE USE ONLY:

DEPOSIT # _____ TAKEN BY: _____

ACCOUNT # _____ ORDER #: _____