

**CALL E911 OFFICE – 601-403-2205
CITY OF PICAYUNE UTILITY DEPARTMENT
ACCOUNT APPLICATION**

E911# _____

SERVICE ADDRESS _____

WATER & SEWER **GAS**

ACCOUNT NAME _____

SS# OR TAX ID# _____

DATE OF BIRTH _____ PHONE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

RESIDENTIAL

EMPLOYER _____

EMPLOYER PHONE _____

SPOUSE/ROOMMATE _____

SPOUSE/ROOMMATE SS# _____

IF RENTAL, OWNER'S NAME _____

COMMERCIAL

MANAGER/CONTACT _____

CONTACT PHONE _____

I, _____, DO HEREBY CERTIFY
THAT THE ABOVE INFORMATION IS TRUE AND CORRECT IN
ALL RESPECTS.

SIGNATURE

DATE