SMITH'S CROSSING RURAL WATER ASSOCIATION

P. O. BOX 956
MAGEE, MISSISSIPPI 39111
(601)849-4631
EMAIL- SCRWA@ATT.NET

APPLICATION FOR SERVICE

Name: _____ Date: ____/____/_____

Service Address: _____

Mailing Address:_____

Email : _____

Residential _____ Business _____ Own_____ Rent_____

Phone#:_____ Leak Insurance:_____

Landlord's Name: _____ Landlord's Phone#: _____

Applicant's Signature: _____

State Issued I.D. #_____ I.D. St _____ SSN _____

OFFICE USE ONLY

$_____Deposit Transfer $_____ Meter Deposit

$_____Membership Fee $_____ Service Charge

$_____ Tapping Fee TOTAL $_____

Assigned Acct # _____

Meter Reading:_____ Meter ID_____ M/F Race:_____

Route # _____Seq# _____Beat:_____ Well:_____

Previous applicant

Name:_____ Account #_____

*** Federal law prohibits discrimination on the grounds of race, color, national origin, sex, age or disability in this program.