

**PUBLIC SERVICE COMMISSION OF YAZOO CITY
APPLICATION FOR UTILITY SERVICES**

Homeowner: _____ **Rental:** _____ **Bus:** _____ **Temp:** _____

CUSTOMER INFORMATION

Name: _____
Date of Birth: _____
Social Security Number: _____
Home Phone: _____ **Work Phone:** _____
Cell Phone _____
Place of Employment _____

SERVICE INFORMATION

Service Location Connect: _____
Utilities to Be Cut On: **Elec:** _____ **Water:** _____ **Sewer:** _____
Date Service to be cut on: _____
Scheduled cut on time: _____ a.m. p.m.

Service Location Disconnect: _____
Utilities to Be Cut Off: **Elec:** _____ **Water:** _____ **Sewer:** _____
Scheduled cut off time: _____ a.m. p.m.

Amount of Deposit Paid: _____
Amount of Deposit Transferred: _____

Amount of Tap Paid: _____ **Tax Paid:** _____

Mailing Address: _____
Customer Signature: _____ **Date:** _____
Taken By: _____ **Date:** _____