

WEST POINT WATER AND LIGHT DEPARTMENT MEMBERSHIP INFORMATION FORM

644 E BROAD ST/ PO BOX 1117
WEST POINT, MS 39773
PHONE: 662.494.1432; FAX: 662.494.6395
BUSINESS HOURS: 8:00 AM - 4:30 PM • MONDAY – FRIDAY

MEMBERSHIP APPLICATION

INFORMATION: BUSINESS or PRIMARY ACCOUNT HOLDER

NAME: _____
MAILING ADDRESS: _____
PHONE NUMBERS: BUSINESS: _____ HOME: _____ CELL: _____
SS#/TAX ID #: _____ DRIVER'S LICENSE #: _____
EMAIL: _____

INFORMATION: OWNER or SECONDARY ACCOUNT HOLDER

NAME: _____
MAILING ADDRESS: _____
PHONE NUMBERS: BUSINESS: _____ HOME: _____ CELL: _____
SS#/TAX ID #: _____ DRIVER'S LICENSE #: _____
EMAIL: _____

PROPERTY INFORMATION

SERVICE ADDRESS: _____
PLEASE CHECK ONE: MOBILE HOME: _____ APARTMENT: _____ HOUSE: _____ OFFICE BUILDING: _____
DO YOU OWN OR RENT? OWN: _____ RENT: _____
IF YOU RENT: PROPERTY OWNER: _____ PHONE #: _____
FOR OFFICE USE ONLY
ACCOUNT #: _____ DEPOSIT AMOUNT: _____

All Owners of a Commercial Business/ Adult Occupants of a Residence shall be personally and individually liable for the full and timely payment of all utility bills incurred at the business/ residence, and will be refused continued or future service at all locations for failure to pay delinquent utility bills. Failure to receive bill does not relinquish responsibility for payment. Service is subject to disconnect if unpaid 10 days from the due date. If payment is not made within 10 days of disconnect, the account will be closed, the deposit will be applied to the balance, and a final bill will be generated. Service policies, current rates applicable to each customer class and a prior 12 month period billing history are available upon request. Request may be made in person or by mail.

- I have read and do hereby understand the above written policy of the West Point Water and Light Department.

SIGNATURE: _____ DATE: _____

_____ DATE: _____

LEASE VERIFIED BY: _____ DATE: _____