

CITY OF GAUTIER
gautier-ms.gov
P.O. BOX 670 GAUTIER, MISSISSIPPI 39553-0670
PHONE: 228-497-2276 * 228-497-4121 * 800-260-8404 * FAX: 228-497-5234



RESIDENTIAL APPLICANTS

CUSTOMER NAME (1): FIRST _____ MIDDLE _____ LAST _____

SS# _____ DOB _____ DL# _____ STATE _____

PHONE # _____ EMAIL _____

CUSTOMER NAME (2): FIRST _____ MIDDLE _____ LAST _____

SS# _____ DOB _____ DL# _____ STATE _____

PHONE # _____ EMAIL _____

COMMERCIAL APPLICANTS

BUSINESS NAME _____ EIN/TIN # _____

PHONE # _____ EMAIL _____

OWNER/MANAGER _____ PHONE# _____

ALL APPLICANTS

LOCATION TO CONNECT _____ DATE _____ TIME _____

MAILING ADDRESS _____

OWN _____ RENT _____ LANDLORD _____ PHONE # _____

PREVIOUS GAUTIER ADDRESS _____ ACCT # _____

ALL NEW SERVICES, RECONNECTS, OR DISCONNECTS WILL BE HANDLED BETWEEN THE HOURS OF 8:00 AM AND 3:30 PM MON-FRI.

CUSTOMER IS REQUIRED TO BE AT SERVICE ADDRESS WHEN SERVICES ARE CONNECTED. IN THE EVENT A SECOND TRIP IS REQUIRED TO TURN THE UTILITIES ON, I AGREE TO PAY A SERVICE CHARGE FOR EACH ADDITIONAL TRIP. THE CITY OF GAUTIER SHALL NOT BE HELD RESPONSIBLE FOR ANY DAMAGE RESULTING FROM BROKEN PIPES, FAULTY PLUMBING, UNCAPPED PIPES, OR OTHER REASONS.

NOTE: IT IS YOUR RESPONSIBILITY TO MAINTAIN ACCESS TO THE WATER METER BOX. DO NOT ALLOW DEBRIS, SHRUBS, HIGH GRASS, FENCES, AUTOMOTIVES, OR ANY OTHER FORM OF OBSTRUCTION. YOU WILL ENCOUNTER ADDITIONAL CHARGES IF THE CITY OF GAUTIER CAN NOT ACCESS THE METER WHEN NEEDED. **INITIAL:** _____

I HAVE READ AND HEREBY AGREE TO THE TERMS AND CONDITIONS PRINTED ON THE REVERSE SIDE OF THIS APPLICATION, WHICH IS PART OF THIS CONTRACT.

SIGNATURE (1): _____ DATE: _____

SIGNATURE (2): _____ DATE: _____

OFFICE USE ONLY	BILL PAYMENT OPTIONS
METER DEPOSIT (REFUNDABLE) \$ _____	IN OFFICE (CASH, CHECK, MO) 8:00 AM-5:00 PM MON-FRI
CONNECTION FEE \$ _____	NIGHT DROP (CHECK, MO) 5:00 PM-8:00 AM MON-SUN
SALES TAX \$ _____	ONLINE: gautier-ms.gov OR BY PHONE 833-282-0823
WATER TAP \$ _____	(FEES APPLY)
SEWER TAP \$ _____	SET UP FOR BANK DRAFT IN OFFICE (NO FEE)
PRIOR ACCT BALANCE \$ _____	
TOTAL COST \$ _____	GARBAGE CAN- YES <input type="checkbox"/> NO <input type="checkbox"/> REQ # _____
CASH <input type="checkbox"/> CHECK/MO <input type="checkbox"/> # _____	RECYCLE BIN- YES <input type="checkbox"/> NO <input type="checkbox"/>

ACCOUNT # _____ WO# _____ CSR _____ DATE _____