

APPLICATION FOR SEWER SERVICE

I hereby make application to the City of Byram for the supplying of sewerage service, and in consideration of making the required deposit and of being furnished the service agree as follows::

1. I agree to pay all sewerage bills immediately upon receipt. I understand and agree that if I fail to pay the monthly sewer bills within (25) twenty-five days after they may become due, the City may terminate this agreement and disconnect the service. I understand that if this happens I may be charged a fee by the City to reconnect the service. In the event my account is turned over to an attorney for collection. I agree to pay all collection costs including reasonable attorney fees.
2. I understand and agree that in the event the sewer bill is not paid, the City may use my deposit to pay the bill. I further understand and agree that in the event it is necessary to use my deposit to pay the bill. I will be required to pay an additional amount as a deposit. I understand and agree that the deposit is held as a guarantee of the bill and service charges, but on the expiration or cancellation of my contract with the City, the deposit, less any outstanding bills, shall be returned to me.
3. I understand and agree that the meter installed is the property of the City and I will protect it at all times and will guarantee its return to the City in good condition. I further agree that the meter is to be removed only by employees of the City or other authorized persons and further agree that in the event the meter fails to register the quantity of water used, either by reason of defect or any other cause, the City will have the privilege of rendering an estimated bill to me for the period during which the defective meter was used. I agree that the estimated bill may be calculated either by using the records of a newly installed meter as a basis by reviewing a corresponding period of the previous year for an average or by any other proper method of estimation.
4. I understand and agree that I may use the City Sewer System for the disposal of sewage only. I understand that no storm sewer or downspouts may be connected with the sewer system in any way. The City is given the right and privilege of inspecting my property for the purpose of determining that the sewer system and all connections are in proper working order.
5. I understand and agree that only my residence or the establishment indicated on the reverse side of this application is to be served under this contract, and that no additional residence or establishment will be permitted to obtain water or sewer service through my lines without the expressed consent and approval of the City.
6. I agree that employees of the City, or their authorized representatives, may come to my property for the purpose of servicing, maintaining, or disconnecting my sewer system. In this regard, I agree to grant any easements or rights of way to the City necessary to accomplish these purposes for no additional consideration.
7. The applicant agrees to follow the guidelines set forth by the State Department of Health regarding onsite wastewater disposal.

City of Byram

550 Executive Blvd.

www.byram-ms.us

Post Office Box 720609

APPLICATION FOR CITY PROVIDED

Byram, MS 39272

UTILITY SERVICES

Office 601-372-7791 Fax 601-372-0191

Last Name _____ First _____ Middle _____

Home Phone _____ Cell Phone _____

SS# _____ DL# _____

Email Address _____

Service Address _____ OWN _____ RENT _____

Billing Address _____

DATE SERVICE TO BE READY _____

EMPLOYER _____ PHONE _____

EVER HAD SERVICE UTILITY IN BYRAM BEFORE?

YES _____ NO _____

IF YES _____

Name

Location

NUMBER OF ADULTS IN HOUSEHOLD _____

NUMBER OF CHILDREN IN HOUSEHOLD _____

SWIMMING POOL _____ SPRINKLER SYSTEM _____

REFERENCES

1. _____

2. _____

3. _____

I certify that the above information is true and correct to the best of my knowledge. I have read and I agree to the terms and conditions printed on the reverse side of this application, which is a part of this contract

APPLICANT

DATE

TO BE COMPLETED BY CITY :

ON _____ OFF" _____ TRANSFER _____

ACCT# _____

TAP FEES(WATER) _____

TAP FEES(SEWER) _____

LOT _____ BLK _____

DEPOSIT: _____

RECEIPT# _____

SECOND METER DEPOSIT _____

SERVICE ON DATE: _____

METER READING _____

BY: _____

SERVICE OFF DATE: _____

METER READING _____

BY: _____

BALANCE: _____

FINAL BILL: _____

DUE: _____

REFUND: _____

DATE: _____ CHECK# _____

FORWARDING ADDRESS:
