The Town of Brooksville

Mississippi
Est. 1876
P.O. Box 256, 100 East Main Street Brooksville, MS 39739
Office: 662-738-5531, Fax 662-738-5020
Email: townofbrooksville@yahoo.com
Website: www.brooksvillems.org

Application for City Water and/or Sewage

Applicant's Name: _____

Physical Address: _____

_____

Billing Address: _____

_____

Phone Number: (_____)_____-_____ **Cell Number: (____)____-____**

Social Security #: _____-_____-_____ **DL#:** _____

Date of Birth: _____/_____/_____

Nearest Relative: _____

Relative's Phone #: _____

Deposit Amount: $_____

_____ _____
Applicant's Signature **Date**

For office use only. Please do not write below this line.

_____ _____
Clerk's Signature **Date**

Receipt #: _____ **Work Order #:** _____