

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](mailto:townofbrooksville@yahoo.com)

Website: [www.brooksvillems.org](http://www.brooksvillems.org)

*Honorable Earle Henley, Jr.*

Mayor

*Monica Chandler-Sanders*

Municipal Clerk

*Latonya Taylor*

Deputy Clerk

*Chynnee Bailey*

Attorney

*Honorable Dorothy Stewart*

Municipal Court Judge

*Johnny Birchfield*

Chief of Police

*Board of Aldermen*

*Annie Anthony Brooks*

*Kelvin Bibbs*

*Lacey Holmes*

*De'Angelo Johnson*

*Wallace Phillips*

**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 #:** \_\_\_\_\_