



Utility Application

PLEASE PRINT

Name to Appear on Bill: \_\_\_\_\_

Billing Address if Different from Service: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ SS #: \_\_\_\_\_

*"Available Inside City Limits only"*

Would you like to Recycle? \_\_\_ Yes \_\_\_ No     Extra Trash Cart \_\_\_ Yes \_\_\_ No  
   \$6.63 per month   Extra \$6.63 per month

Have You Ever Lived in Hernando Before? \_\_\_ Yes \_\_\_ No

If yes, what was the Address? \_\_\_\_\_

\*\*\*\*Date: \_\_\_\_\_ \*\*\*\*Signature: \_\_\_\_\_

*Home Owner:*  
     \$75 Deposit

*Renting Property:*  
     \$125 Deposit

*Commercial Property:*  
     \$150 Deposit

*Trash Only:*  
     \$50 Deposit

*For Office Use Only:*

Amount Paid: \_\_\_\_\_ Form of Payment \_\_\_\_\_ Receipt # \_\_\_\_\_

Received By: \_\_\_\_\_ Account # \_\_\_\_\_ Meter Reading: \_\_\_\_\_

RR# \_\_\_\_\_ ON Date: \_\_\_\_\_

Date Entered in Computer: \_\_\_\_\_ By \_\_\_\_\_

W/C \_\_\_\_ SERVICE LOG \_\_\_\_ ON BOOK \_\_\_\_ FINAL OLD ACCT \_\_\_\_ W/C FINAL \_\_\_\_

OFF BOOK FINAL \_\_\_\_ COPY OLD TO NEW ACCT # \_\_\_\_

The City of Hernando | Utility Department |  
 475 West Commerce Street | Hernando, Mississippi 38632  
 662.429.9092  
[www.cityofhernando.org](http://www.cityofhernando.org)