

New Light Water Association, Inc.

Application for Service

I own () or rent () the property where I am requesting to continue water service.

There is an existing meter: ____ Yes, Meter Account # _____ No

Meter Reading _____

Member's Name (Print): _____

Address of the water meter: Street: _____

City _____ State _____ Zip _____

Billing Address (If different): Street: _____

City: _____ State: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Number of persons served at this address: _____

I hereby attest that I understand that New Light Water Association, Inc. is a cooperative owned and managed by its members, that I have read the operating policy and agree to be bound by it, future changes to it, as stated above and by the Customer Service Policy of the association.

Signature: _____ Date: _____

Return completed form to:

**Golden Triangle Planning and Development District
P.O. Box 1008
106 Miley Road
Starkville, MS 39760**