To whom it may concern:

I Vina Jackson has permission from my uncle Andrew Jackson to move an mobile home on his lot. The address for that lot will be 142 Brown Dr. Canton, MS 39046. Mr. Jackson has no kids and wife has been in the nursing home for 5 years. I will be responsible for the care of Mr. Jackson. He's 86 years old and needs help around the house and for health reasons. He has no one around for him to depend on and he asked will I do it and that I could move on his property and keep it up because he is not able to.

Thank you, Vina Jackson

OF RESIDENCE OF RE

Vina Jackson Vinne Jackson



APPLICATION FOR UTILITY SERVICE

127 West Peace Street Canton, MS 39046 Phone: 601-859-2921 Fax: 601-855-5477

Email: infodesk@cmu.com

____ Date: January 28, 2020 Taken by: cpass AN ADULT MUST BE PRESENT IN ORDER FOR SERVICES TO BE CONNECTED

Website: www.cmu.com			,	AN ADDET MOST BET RESERVE IN SIGNATURE								
☑ HomeOwner		☐ Rental ☐ Transfer		□ Business ☑ Water Ta		□ Tempora ☑ Sewer Ta				□ New Cut In □ Gas Tap		
			CUSTO	MER INF	ORMATIO	N						
Name: VINA JACKSON Address: 142 BROWN DR Place of Employment: Email:			427-4 City/St CANT Cell Pi (601)	ON, MS	9	SOCIAL MEDIA: Facel			Date of Birth: 02/29/1984 Zip Code: 39046-6017 Text Message? YES: NO: book Twitter Google+			
I, applicant, herely water, wastewater of this request. I, connected/reconnect	r and gas serv	ices at the ab	Utilities to pro	ovide appl cation, I, are to pay	applicant, a anv amour	igree to p it due to C	ay all charg CMU can res	es loi se sult in se	rvices rvices ant's re te:	not being esponsibilitie	a result	
_									0'	1/28/2020		
			FORG	MU US	ER ONLY							
SERVICE INF					ORMATION DISCONNECT							
Location: 214643 - 142 B Cut on Date: 01/28/2020 UTILITIES:	ROWN DR	First Bil		(Location: Cut Off Date UTILITIES:		Electric [Water	ast Bill	Sewer 🔲	Gas	
Scheduled Turn	5	Scheduled Turn Off Time										
1:00 pm - 5:00 pm CUSTOMER ACT Previous customer # at new location: 110666 New customer # at new location: Customer # from former location:												
			CUSTOM	ER ACCO	OUNT FEES							
Amount of Deposit Transferred:: Bill:			A STATE OF THE PARTY OF THE PAR			AIC:				Transfer Fee:		
Amount of Deposit Paid: Amo			Amount of T	ap Paid:		Tax Paid:			Size:			
Total Amount co	llected (Bill + A	IC + Trans Fe	ee + Deposit P	aid + Tap	+ Tax) =							

