Purchasing Department

Madison County Board of Supervisors 146 West Center Street Canton, Mississippi 39046

601-855-5503 hardy@madison-co.com

11 September 2013

District 1 Supervisor John Bell Crosby

District 2 Supervisor Ronny Lott

District 3 Supervisor Gerald Steen

District 4 Supervisor Karl Banks

District 5 Supervisor Paul Griffin

Subject: Authorize payment of two \$100 deposits to the City of Madison Water Department for water service at the new Tax Assessor and Tax Collector office

Gentlemen:

I request authority for Madison County to pay two \$100 deposits to the City of Madison Water Department for water and sewer service at the new Tax Assessor and Tax Collector office in Madison. One account is for the building. The other account is for the sprinkler system.

Sincerely,

Hardy Cruzik
Purchasing Clerk

6018568996



DATE: 11 Sept 201,

CITY OF MADISON

1239 Highway 51, Madison, MS 39110

601-856-8958 / Fax: 601-856-8996 APPLICATION FOR SERVICES

NAME MAI'SON COUNT BOARD OF SCHWISON STREET: 171 (Obble stown Or CITY, STATE, ZIP: MAI'SON, M? 39110

PHONE #: 601-855-5563

CELL #:

(If mailing address is different, please fill out below.)

(If mailing address is different, please fill out below.)

NAME: Madi's on Comby Board of Supervision 9

ADDRESS: 1.0 1 BOX 608

CITY, STATE, ZIP: Canton, M9 39/40

FOR OFFICE USE ONLY
WATER / SPRINKLER

TURN ON DATE:
DEPOSIT PAID:
RESIDENTIAL \$
RENTAL \$
COMMERCIAL \$
DUMPSTER YES NO
METER SIZE:
CASH / CHECK #

EN	1PL	OY	M	EN	TI	NF	OR	M	ATI	ON

SELF:
BUSINESS PHONE: 60/- 855-550-3
SS #://
DOB:
COPOLAL INICTOLICATIONIC

SPOUSE:

SPECIAL INSTRUCTIONS:

RENTAL PROPERTY

- {	LIMA
- 1	YES



IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION

NAME OF PROPERTY OWNER:

OWNER'S ADDRESS:

OWNER'S PHONE #:

OWNER'S CELL #:

COPY OF WATER POLICY & PROCEDURES GIVEN:

SIGNATURE / DATE

APPLICANT AGREES TO FOLLOW THE GUIDELINES SET FORTH BY THE STATE DEPARTMENT OF HEALTH REGARDING ONSITE WASTEWATER DISPOSAL.

YES () NO ()

Guidelines can be found at <u>www.msdh.ms.gov/</u> under Regulations and Licensure (ONSITE WASTEWATER GUIDELINES)

Please attach a copy of your sales contract, deed, or lease/rental agreement to this application.

CITY OF MADISON

1239 Highway 51, Madison, MS 39110

WATER BILLING DEPARTMENT

601-856-8958 / Fax: 601-856-8996 APPLICATION FOR SERVICES

CITY, STATE, ZIP: Conton, M3

RENTAL PROPERTY

STREET: 171 Cobblegfone CITY, STATE, ZIP: Madison, M PHONE #: 601- 855 CELL #: _____

(If mailing address is different, please fill out below.) NAME: Madison County Board of Super VISONS ADDRESS: PIDE BOX

FOR OFFICE USE ONLY WATER / SPRINKLER TURN ON DATE: DEPOSIT PAID: RESIDENTIAL RENTAL COMMERCIAL \$ DUMPSTER METER SIZE: CASH / CHECK # ___

EMPLOYMENT INFORMATION SELF: BUSINESS PHONE: BUSINESS PHONE: 0/-SS #: ____/____/____ DÓB: DOB: SPECIAL INSTRUCTIONS:

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION NAME OF PROPERTY OWNER: OWNER'S ADDRESS:

OWNER'S CELL#:

OWNER'S PHONE #:

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