

SUNRISE UTILITY ASSOCIATION, INC.  
IS AN EQUAL SERVICE PROVIDER.

465 BATSON RD  
PETAL, MS 39465  
601-582-9354

[www.sunrisewater.org/](http://www.sunrisewater.org/)

NAME: \_\_\_\_\_ SPOUSE: \_\_\_\_\_  
(If applicable)

SERVICE ADDRESS: \_\_\_\_\_ MAILING ADDRESS IF DIFFERENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ REQUESTED DATE: \_\_\_\_\_  
(When do you want this turned on in your name?)

SOCIAL SEC #: \_\_\_\_\_ DRIVER'S LIC #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ STATE DRIVER'S LIC ISSUED: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

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NOTES: \_\_\_\_\_  
\_\_\_\_\_

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**\*A copy of our Water Users Agreement is listed below this form on our website. Please sign and date below to acknowledge having read our agreement.**

\_\_\_\_\_  
Signature Date

**If you cannot come into the office to set up new service, please fill out this form and attach a copy of your driver's license with a check or money order for your new service. You can mail this to our address above or put this in our drop box after business hours or on weekends. Please call our office for new service rates.**

For Office Use Only: Meter Number: _____ Reading: _____ Date: _____
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