

12281 Intraplex Parkway I Gulfport, MS I 39503 Phone: 228-896-5020 I www.mscoast.org

APPLICATION FOR NEW UTILITY CONNECTION

APPLICATION IS FOR (CHECK ONE): BUSINESS	RESIDENTIAL	
APPLICANT NAME		
BUSINESS NAME		
ADDRESS FOR SERVICE		
CITY: STA	ATE ZIP CODE:	
APPLICANT PHONE #: BUS	INESS LOCATION PHONE #:	
BILLING ADDRESS (If different from above	e)	
ADDRESS		
CITY: STA	ATE ZIP CODE:	
SERVICES REQUESTED:		
Water Meter Inches; Sewer	Tap Inches; Fire Protect	Inches
Water will mainly be used for: General	Office Industrial	
MDEQ NUMBER (If applicable):	(Four-digit numb	er)
SPECIAL INSTRUCTIONS:		
I understand this is a request for a new u	tility connection and the Harr	
Commission will inform me by letter the cost o	f the new connection fee.	
Signature	Title	Date
FOR OFFICE ONLY		
Date water and sewer locations marked:	Meter Model and S/N:	
Date sewer connection made:	Meter Size:	
Dater water meter installed:		