



Town of Mt. Olive

501 Main Street
P.O. Box 510
Mt. Olive, MS 39119
601-797-3496
mtolivecityhall@bellsouth.net

Water Transfer Form

Account Number: _____

NAME OF APPLICANT _____

SERVICE FROM _____ SERVICE TO _____

SSN _____ DOB _____ TELEPHONE # _____

DO YOU OWN THIS PROPERTY ____ Yes ____ No

RENTAL PROPERTY OWNER NAME _____

ADDRESS _____ PHONE # _____

CITY STATE ZIP

TO BE FILLED OUT BY FORMER TENANT:

I, _____, do give _____ permission to
transfer the water security deposit in the amount of \$ _____ at service location
_____ into his/her name.

FORMER TENANT SIGNATURE _____ **DATE** _____

DATE OF TRANSFER REQUEST _____

APPLICANT SIGNATURE _____ **DATE** _____