



CITY OF SOUTHAVEN

Top of Mississippi

Utilities Department

Account Waiver Request

As of _____, I, _____, wish to award my water
(Effective date) (Current customer name)

service deposit for _____ to
(Service address)

(New customer name)

I understand, by completing and signing this form, I am surrendering all rights to the service deposit for the above address. All future charges for service at the above address are no longer my responsibility, but those of the above designated person.

Signature

Date

****NEW CUSTOMER PROFILE FOR PERSON RECEIVING DEPOSIT AWARD MUST BE ATTACHED****