

**Harrison County Utility Authority**

10271 Express Drive  
P.O. Box 2409  
Gulfport, MS 39505  
Office: 228-868-8752  
Fax: 228-868-8751

**Application for Sewer Service (Residential)**

**Applicant**

Customer Name: \_\_\_\_\_.

Service/Physical Address: \_\_\_\_\_.

Billing Address: \_\_\_\_\_.

Phone: \_\_\_\_\_.

Email: \_\_\_\_\_.

Place of Employment: \_\_\_\_\_.

Phone: \_\_\_\_\_.

**References:**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_.

Name: \_\_\_\_\_ Phone # \_\_\_\_\_.

**Rental Property:**

Landlord Name \_\_\_\_\_ Phone # \_\_\_\_\_.

Landlord Address \_\_\_\_\_.

**Sewer Service**

New Construction \_\_\_\_\_ or Existing Home \_\_\_\_\_.

Class I Service \_\_\_\_\_ or Class II Service \_\_\_\_\_.

Date Service Requested: \_\_\_\_\_.

Tap Size: \_\_\_\_\_ in.

Proposed Sewer Lateral Size: \_\_\_\_\_ in.

Please return the following items with this application with:

- A Copy of Lease Agreement, Deed, Settlement, or Purchasing Contract
- \$50 Sewer Deposit
- \$40 Account Setup Fee
- Sewer Tap Fee as quoted in the Will Serve Letter (if applicable)

HCUA: Sewer service is subject to the rates and policies set by HCUA. All bills are payable by the end of the month in which the bill was mailed. A late fee will be charged for those payments made after the end of the month. Non-payment may result in disconnection or other legal action.

Applicant:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date