



City of Vicksburg

Water & Gas Administration
2111 Drummond St
Vicksburg, MS 39180

Post Office Box 58

Phone: (601) 636-3414

Fax: (601) 634-4564

Commercial Application

Office Use Only

Account Number _____	Gas Deposit _____	Sanitation _____
Water Deposit _____	Sewer Deposit _____	Dumpster _____

Rent? (Yes / No)

Own? (Yes / No)

If renting, state your landlord's name, address, and phone number:

Landlord Name: _____

Address: _____

City, State Zip: _____

Phone Number: _____

Have you ever had service with Vicksburg Water & Gas? (Yes / No)

If so, where?

Business Name

Service Address

Local Phone:

Type of Business

Fax Number:

If business is a housing complex or apartments, state the number of units:

Mailing Address:

Street:

City State, Zip:

Telephone:

Tax Number:

If person completing this application is acting as the agent or representative for the owner of the business, please state the name, address and phone number of the owner:

Owner Name:

Address:

City, State Zip:

Phone Number:

Applicant's Printed Name

Title

Date

Applicant's Signature

Customer Service Signature

Falsification of the document may result in immediate termination of service

