

NEW ALBANY LIGHT, GAS, & WATER
126 WEST MAIN STREET ~ P.O. DRAWER 727
NEW ALBANY, MS 38652
(662)534-1041

APPLICATION FOR RESIDENTIAL SERVICE

Name _____

Spouse Name _____

Social Security # _____

Spouse Social Security # _____

Phone _____

Spouse Employer _____

Service Address _____

Address _____

Phone _____

Mailing Address _____

Services Requested: () Electric
 () Gas
 () Water
 () Sewer

Previous Address _____

Home Owner ()

Employer _____

Renter () A copy of the lease or renter's receipt is required.

Address _____

Landlord _____

Phone _____

Landlord Phone _____

Applicant will be responsible for obtaining all necessary right-of-way, locating and marking all underground utilities, septic tanks, etc., marking desired location for meters and for any damage which might occur when requested services is initiated.

Applicant agrees to permit authorized agents of the New Albany Light, Gas & Water Department free access to the premises of consumer for the purpose of inspecting, meter reading, repairing or removing property of the New Albany Light, Gas & Water Department.

I certify that the information furnished herein is correct. I understand that if I have knowingly misrepresented any of the above information, all monies paid by me with this application are subject to forfeiture, my utility service may be discontinued and an additional deposit may be required, all at the option of New Albany Light, Gas & Water Department.

In the case of default of payment I promise to pay any legal interest due, together with any collection agency cost and reasonable attorney fees incurred to collect on this account and any subsequent location.

I consent for any and all information obtained including but not limited to phone numbers, addresses, employment, and/or email addresses to be used for communication or collection purposes by New Albany Light, Gas & Water or any authorized agents of or retained by New Albany Light, Gas & Water.

**By signing below, I authorize New Albany Light, Gas & Water to use my social security number which is _____ for the purpose of proof of identity and to secure a copy of my credit rating. I understand that, should I decide to revoke this authorization, I must do so in writing and present same to the Department of Light, Gas and Water.
This the _____ day of _____, 20____.**

Signature: _____

Date: _____

TVA provides regulatory oversight for your Local Power Company's rates and service practices. If you have an issue or complaint that you have not been able to resolve with your Local Power Company, TVA's Complaint Resolution Process may be able to help.

- There are three ways to begin the process:
- Online at www.tva.com/complaintresolution
 - Email complaintresolution@tva.gov
 - Call the TVA Regulatory hotline at 1-888-289-8409