



Town of Mt. Olive

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

Water Transfer Form-Deceased

Account Number: _____

NAME OF APPLICANT _____

SERVICE FROM _____ SERVICE TO _____

SERVICE LOCATION _____

SSN _____ DOB _____ TELEPHONE # _____

EMAIL _____

DO YOU OWN THIS PROPERTY ____ Yes ____ No

RENTAL PROPERTY OWNER NAME _____

ADDRESS _____ PHONE # _____

CITY STATE ZIP

ATTACH PROOF OF DEATH OF FORMER TENANT

____ Death Certificate

____ Obituary

DATE OF TRANSFER REQUEST _____

APPLICANT SIGNATURE _____ DATE _____