



APPLICATION FOR PERMANENT OVERHEAD SERVICE

(Please Print)

Date: _____

Name of Customer: _____

Name of Contractor: _____

Address: _____

Subdivision and Lot Number: _____

I, _____, have requested permanent overhead service from Northcentral Mississippi Electric Power Association.

Signature of Applicant

***P.O. Box 405 225 Highway 309 South Byhalia, MS 38611 (662) 838-2151 fax (662) 838-4751
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