

Pearlington Water & Sewer District

Request To Speak Form

Date of Request: _____ Date of PWSB Board Meeting: _____

Name: _____

Service Address: _____

Account No.: _____

Phone No.: _____

TOPIC FOR AGENDA: *Check one,*

- Billing/Account Water Issues Sewer Issues Other

Please write briefly your concerns:

Requestors signature: _____

Fax completed form to: (228) 533-0038

Email to: pwsdistrict@gmail.com

1 Copy to Customer
1 Copy for Board
Scan to Secretary/Treasurer