



APPLICATION FOR UTILITY SERVICE

GAS SERVICE WATER SERVICE CUSTOMER NO: LOCATION NO:

CUSTOMER INFORMATION: (PLEASE PRINT)

NAME: DATE OF BIRTH:

BUSINESS NAME:

MAILING ADDRESS:

CITY: STATE: ZIP:

PHONE NO:( ) WORK NO:( )

EMPLOYMENT:

SOCIAL SECURITY NO: LICENSE NO:

SPOUSE NAME:

SPOUSE WORK NO:( ) SOCIAL SECURITY NO:

SPOUSE EMPLOYMENT:

SERVICE LOCATION DETAILS:

PHYSICAL ADDRESS: LOT #:

USE OF PROPERTY: RESIDENTIAL OR COMMERCIAL

DO YOU OWN OR RENT/LEASE? YES OR NO

IF YOU ARE RENTING/LEASING, PLEASE PROVIDE OWNER'S NAME & CONTACT NUMBER:

LANDLORD: PHONE NO:

UTILITY SERVICE START DATE:

"The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This will not be used in evaluation of your application, or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race national origin of person/applicant on the basis of visual observation or surname."

PLEASE CIRCLE ITEMS THAT APPLY:

DEPOSIT PAID

- 1. Male or Female
2. Hispanic or Latino
Not Hispanic or Latino
Male or Female
American Indian or Alaskan Native
Black or African American
Native Hawaiian or other Pacific Islander
White

Date Paid:
Gas Deposit:
Water Deposit:
Total Paid:

Copy of Customer ID:

Customer Provided Copy By:

**UTILITY SERVICE TERMS FOR THE TOWN OF ST. FRANCISVILLE, LA**

The undersigned hereby applies to the Town of St. Francisville, LA., for natural gas service and water service within or natural gas service outside of the corporate limits of said Town. If this application is approved by the Town of St. Francisville the undersigned agrees to the following terms:

**RATES:** Utility rates will be charged as set forth by ordinance of the Town of St. Francisville as adopted by the Board of Aldermen. Said utility rates are subject to change without notice. Utility rates are on file at the Town Hall, St. Francisville, Louisiana, and are open to inspection request during normal office hours.

**RE-CONNECT FEE:** A re-connect fee of \$15.00 will be charged for reestablishing gas or water service when disconnected for non-payment.

**CUSTOMER DEPOSIT:** A customer deposit must be made prior to the time service is begun. Said deposit will be returned less any bills outstanding at the time service is permanently discontinued. Whenever it appears to be economically feasible and to the best interest of the Town any of the foregoing terms may be waived or modified by the Board of Aldermen. Deposit amounts are as follows:

<u>CUSTOMER TYPE</u>	<u>GAS DEPOSIT REQUIRED</u>	<u>WATER DEPOSIT REQUIRED</u>
HOME OWNER	GAS \$110.00	WATER \$40.00
RENTER	GAS \$150.00	WATER \$80.00
BUSINESS	GAS \$200.00	WATER \$100.00 (MAY REVIEW AFTER 1 YEAR)

**PAYMENT OF BILLS: BILL BECOMES DELINQUENT ON THE DATE SHOWN. SERVICE WILL BE DISCONTINUED THEREAFTER WITH OUT FURTHER NOTICE AND A RECONNECTION FEE WILL BE CHARGED. A 5% PENALTY WILL BE CHARGED IF NOT PAID BY DELINQUENT DATE.**

**DISCONTINUANCE OF SERVICES:** A discontinuance of service request must be provided to the Town in writing. Contact Town Hall to receive a form that customers need to complete which provides the date of disconnection and forwarding address so that Town can refund any remaining deposit balance after deduction of your final bill. Until discontinuance notification is received in writing, said bill will remain the account holder’s responsibility.



I understand that I am legally responsible for all charges incurred on this account until the Utility Department of the Town of St. Francisville is notified in writing of intent to close account. The Town provided a copy of this form, in which the Town of St. Francisville’s utility service policies are stated, to me.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date