



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:()

EMAIL ADDRESS:

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:

OFFICE: Beginning Readings Gas and/or Water

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 re-establishing 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

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.

NOTIFICATION OF GAS CUSTOMER'S RESPONSIBILITIES

1. The operator (Town of St. Francisville) does not maintain the customer's buried piping which includes all piping from the gas meter to the customer's residence or business. **IT IS THE CUSTOMER'S RESPONSIBILITY.**
2. The customer's gas piping should be installed by **a certified plumber only.**
3. If the customer's buried piping is not maintained, it may be subject to the potential hazards of corrosion and leakage. **THIS MAINTENANCE IS THE CUSTOMER'S RESPONSIBILITY.**
4. The Customer's buried gas piping is their responsibility and should be:
 - A) Periodically inspected for leaks.
 - B) Periodically inspected for corrosion if the piping is metallic.
 - C) Repaired if any unsafe condition is discovered.
5. When excavating near buried gas piping, the piping should be located in advance by contacting LA One Call by dialing 811, and the excavation done by hand.

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

OFFICE TO COMPLETE BELOW INFORMATION

DEPOSIT PAID

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

COPIES REQUIRED

Received Copy of Customer ID: _____
Original – Accounts to Activate Folder
Copy 1 – UT DEPOSITS TO POST Folder
Copy 2 – Daily Work
Copy 3 - Customer

Initial

- *Look up and fill in the location number.**
- *Search for an existing customer account. (If existing fill out customer number /If non-existing leave blank.)**
- *Take and record deposit above.**
- *Make (1) copy of driver's license and (3) copies of completed application (distribute & initial per above).**
- *Send WORK ORDER requesting beginning readings. (Attach completed WO to original application).**
- *Make card for the meter books. (Attach meter card to original application).**