WAPWD DECEASED CUSTOMER POLICY

**IN COMPLIANCE WITH THE FEDERAL RED FLAG RULE West Allen Parish Water District is required to have all accounts of deceased customers updated to reflect the correct name of the person/persons who currently live at the address and who are responsible for the payment of the water bill at that location.**

You have presented yourself to West Allen Parish Water District as the person currently living at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and are requesting the water service to be placed into your name. In order to do so, one or more of the following must be provided and acknowledged according to the requirements of the office of West Allen Parish Water District:

* A copy of the deceased customer’s death certificate
* A copy of your driver’s license
* A completed and signed water user’s agreement and deposit agreement
* A copy of the will showing ownership
* A copy of succession paperwork showing ownership
* A copy of legal paperwork showing yourself as the legal Executrix/Executor (court appointed legal representative of the estate) of the deceased person.
* A $80 deposit if location is not in the Village of Reeves and/or $160 deposit if the location is inside the Village of Reeves (If you are a current customer who has a deposit on file, no new deposit will be required)
* Nonfamily member- Written consent from all heirs, or from the executor/executrix, of the property is required

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have presented myself as the person residing at the following address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and am seeking to have the water meter at the above address placed into my name. I have read and understand that I must comply with the requirements of the office of West Allen Parish Water District in regards to having the meter changed into my name. I understand a deposit will be required and also any of the other items checked above as required by the office of West Allen Parish Water District.

***I understand that in the event another heir of the property listed above presents his/herself seeking to have the meter placed into his/her name and contests my right to have access to the water meter, a legal document from a court will be required within 60 days of the dispute at which time the meter will be locked out until the dispute is settled. INITIALS:\_\_\_\_\_\_\_\_***

SELECT ALL THAT APPLY:

* I am a current customer of the water district, I understand that nonpayment of this account could cause my other services to be locked/discontinued until such time that I pay all balances due.
* I am a family member and now have sole ownership of the property
* I am a family member and have partial ownership of the property
* I am a family member and the sole heir to the estate
* I am a family member and am a joint heir to the estate
* I am not a family member and will provide written consent from all heirs

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE WITNESS DATE