

WEST ALLEN PARISH WATER DISTRICT

RENTER APPLICATION FOR UTILITY SERVICE

P.O. Box 89
Reeves, LA 70658
(337) 749-2589
westallenwater@gmail.com

Account # _____

Customer# _____

PLEASE COMPLETE THE FOLLOWING INFORMATION

BILLING NAME _____, _____, _____
LAST NAME FIRST MI

SERVICE ADDRESS: _____

CITY STATE ZIP PHONE #

MAILING ADDRESS: _____

DATE OF BIRTH: _____ DL#: _____

DL STATE OF ISSUE _____ U.S. CITIZEN? YES OR NO

MARRIED? YES OR NO SPOUSE NAME: _____

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU:
_____ PHONE # _____

REQUESTED DATE TO START SERVICE: _____

OWNER OF PROPERTY/ LANDLORD: _____

OWNER'S MAILING ADDRESS: _____

1ST TIME SERVICE WITH WAPWD? YES OR NO. IF NOT, WHAT ADDRESS?

FEES

- \$100 RENT DEPOSIT MUST BE PAID (RURAL AREA)
- \$180 RENT DEPOSIT MUST BE PAID (FOR INSIDE REEVES CITY LIMITS)
- \$25 SERVICE CHARGE

BILLS ARE MAILED OUT BY END OF EACH MONTH
BILLS ARE DUE BY THE 15TH OF EACH MONTH TO AVOID LATE CHARGES
BILLS NOT PAID BY THE 23RD WILL BE DISCONNECTED ON THAT DAY.

WE DO NOT SEND OUT DISCONNECT NOTICES!

IF YOUR SERVICE IS DISCONNECTED, A RECONNECTION FEE PLUS THE AMOUNT OF YOUR BILL, WILL NEED TO BE PAID BEFORE SERVICES CAN BE CONNECTED AT SERVICE ADDRESS.

I HEREBY APPLY FOR THE UTILITY SERVICE AT THE ABOVE ADDRESS AND AGREE TO USE AND PAY THEREFORE IN ACCORDANCE WITH THE RATES, RULES, AND REGULATIONS LEGALLY IN EFFECT FOR WEST ALLEN PARISH WATER DISTRICT . I WILL BE HELD RESPONSIBLE FOR ALL THE WATER BILLS DUE TO THE WEST ALLEN PARISH WATER DISTRICT INCURRED AT THE ABOVE ADDRESS.

SIGNATURE OF APPLICANT

DATE

OFFICE STAFF:

- 1) IS THIS SERVICE ADDRESS CLEAR OF ANY DEBITS? YES/NO
- 2) HAS THIS APPLICANT LEFT WEST ALLEN PARISH WATER DISTRICT IN BAD STANDING BEFORE ON OTHER ACCOUNTS? YES/NO

OFFICE STAFF _____

GENERAL MGR. _____

APPROVE/ NOT APPROVED:

REASON NOT APPROVED, EXPLAIN BELOW:
