

APPLICATION FOR SEWER SERVICE



An Application for Service must be completed prior to service being connected. Clean Water, Inc. requires at least two business day's notice. A security deposit must be satisfied at the time of application. Clean Water, Inc. security deposits do not transfer between accounts.

You will need the following information to establish a new account:

- Legal Name of Account holder. Credit is being extended only to the name(s) on the established account.
INFORMATION REGARDING THIS ACCOUNT WILL NOT BE GIVEN TO ANYONE NOT NAMED ON THIS ACCOUNT.
- Social Security Number *
- Valid Driver's License or **Louisiana** Government-Issued Photo Identification.
- Physical Address of the Property-where the property is located.
- Billing Address – where the bill will be mailed.
- Telephone Number.
- Rental Receipt or copy of lease agreement. (If you are not the property owner).
- Employer's Name, address and telephone number.
- Payment of Fees:
 - Connection Fees (all unpaid balances with Clean Water, Inc., tap fee, assessment & meter).
- **KEEP THIS COPY FOR YOUR REFERENCE**

Payment Methods:

- Mail your payment – stub and envelope is provided with your statement.
- **FREE** Automatic Bank Draft – authorization form available in our office.
- Payments are accepted in our office – check, cash or debit/credit card (Visa, MasterCard or Discover).
- Bill Pay Service at your bank (NOT electronic transfer – paper check is mailed - allow 5-10 days to post).
- **Pay by Phone up to \$500.00 (337-474-2805). Payment immediately posts to your account.**
- **Check Cashing businesses are NOT authorized payment centers for Clean Water, Inc.**

***Disclosure of Social Security number:** Clean Water, Inc. is authorized to collect this information to extend credit for services, identify customers and collect debts owed to Clean Water, Inc. Without this information additional deposit or other pertinent information may be required to establish service. In compliance with the Federal Trade Commission's Fair and Accurate Credit Transaction Act of 2003, and the Identity Protection Act of 2005, Clean Water, Inc. is required to identify its customers. Clean Water, Inc. will be verifying customer information using the Social Security number through a credit reporting agency.

FORM MUST BE COMPLETED IN FULL BEFORE SERVICE IS MADE AVAILABLE

**2885 Hwy 14 East
Lake Charles, LA 70607**

**CLEAN WATER, INC.
APPLICATION FOR UTILITY SERVICE
IDENTIFICATION IS REQUIRED**

**Phone: 337-474-2805
Fax: 337-477-7904**

Customer: # _____

APPLICANT (SOLICITANTE)		CO-APPLICANT (CO-SOLICITANTE)	
NAME: FIRST, LAST NOMBRE, APELLIDO		NAME: FIRST, LAST NOMBRE, APELLIDO	
SOCIAL SECURITY # OR TIN /SEGURO SOCIAL	PHONE # (TEL)	SOCIAL SECURITY # /SEGURO SOCIAL	PHONE # (TEL)
DRIVERS LICENSE # or STATE ID CARD No. DE LICENCIA/ID ESTATAL	DATE OF BIRTH (FECHA DE NACIMIENTO)	DRIVERS LICENSE # or STATE ID CARD No. DE LICENCIA/ID ESTATAL	DATE OF BIRTH (FECHA DE NACIMIENTO)
EMPLOYER NAME/NOMBRE DE EMPLEADOR		EMPLOYER NAME/NOMBRE DE EMPLEADOR	
EMPLOYER ADDRESS/DIRECCIÓN DE EMPLEO	PHONE # (TEL)	EMPLOYER ADDRESS/DIRECCIÓN DE EMPLEO	PHONE # (TEL)
E-MAIL ADDRESS			

SERVICE ADDRESS _____ **CITY** _____
Dirección para la cual solicita servicio Ciudad

SUBDIVISION _____ **LOT (TERRENO)** _____

MOBILE HOME PARK (PARQUE de CARAVANA) _____ **LOT (TERRENO)** _____

OWNER **If new owner, closing date of property** _____
¿Es dueño de la propiedad? Si es dueño nuevo, indique la fecha de compra

RENTER **If renting, property owner & phone #** _____
¿Renta? Si está rentando la propiedad, escribe el nombre del dueño y su número de teléfono

RENTAL AGENCY **If rental agency, name of property owner** _____

START DATE OF SERVICES _____ **MOVE IN DATE** _____
Fecha para empezar servicios Fecha de mudanza a la propiedad

MAILING ADDRESS _____
Dirección Postal **This is the address your bill will be mailed** Esto es la dirección que su cuenta será enviada
CITY (CIUDAD) _____ **STATE (ESTADO)** _____ **ZIP (CODIGO POSTAL)** _____ **CELL PHONE (TELEFONO CELULAR)** _____

HAVE YOU BEEN A PREVIOUS CUSTOMER OF CLEAN WATER, INC.? _____ **YES** _____ **NO** _____
¿Ha sido cliente previo del agua limpia inc)

IF YES, WHAT NAME AND ADDRESS _____
Si contestó si, ¿qué nombre usó?

I, the undersigned, hereby make application for service and certify that all the above information is correct. I agree to abide by all rules and regulations of Clean Water, Inc. I understand and agree to pay all charges billed on each monthly statement and all penalty charges. Property owners are responsible for a monthly bill regardless of whether water or sewer is used, until the property is sold or rented. I understand accounts with any previous balance are subject to immediate disconnect and penalty charges according to the notice printed on my monthly statement.

El abajo firmante hacer aplicación para servicio y certifico que toda la información anterior es correcta. Estoy de acuerdo en cumplir todas las normas y reglamentos de agua limpia inc. Entiendo y estoy de acuerdo en pagar todos los cargos facturados en cada declaración mensual y todos los recargos. Los propietarios son responsables de una factura mensual, independientemente de si se utiliza agua o alcantarilla, hasta que se venda la propiedad o alquilado. Entiendo cuentas con cualquier saldo anterior están sujetas a desconectar de inmediato y los recargos según el anuncio impreso en mi declaración mensual.

APPLICANT SIGNATURE (SOLICITANTE) _____ **DATE: (La FECHA)** _____

CO-APPLICANT SIGNATURE: (CO-SOLICITANTE) _____ **DATE: (La FECHA)** _____

FOR OFFICE USE ONLY

ACCOUNT NUMBER _____ **PARCEL#** _____ **WATER DISTRICT** _____ **CYCLE** _____ **BOOK/ROUTE** _____
RESIDENTIAL _____ **COMMERCIAL** _____ **BUILDER** _____ **DEVELOPER** _____ **EAST** _____ **WEST** _____
SIZE _____ **SEWER TAP** _____ **SIZE** _____
PREVIOUS CUSTOMER NAME _____

FEES PAID	RATES\$	WASTEWATER FEES	PAYMENT
DEPOSIT	\$ 100.00	\$ _____	RECEIPT # _____
CONNECTION FEE	\$ 50.00	\$ _____	CASH _____
TAP FEE	\$ 450.00	\$ _____	CHECK _____
DELIQUENT FEE 5% OF	\$ _____	\$ _____	CREDIT CARD _____
MONTHLY BILLING.	\$ 55.00	\$ _____	TOTAL PAID \$ _____
RECONNECTION FEE	\$ 450.00	\$ _____	

TOTAL DUE

CUSTOMER SERVICE REPRESENTATIVE

Ref # _____