

WATER & SEWER COMMISSION #4

P O BOX 216
CHARENTON, LOUISIANA 70523
Ph# 337-923-7512 Fax# 337-923-7016

SERVICE APPLICATION

FOR OFFICE USE ONLY:

ACCOUNT #	READ SEQUENCE	DEPOSIT AMOUNT	RECEIPT NUMBER

Please provide the following documentation:

- Copy of valid Driver's License of State Issued ID
- Proof of property ownership or lease agreement
- Deposit receipt from Cleco (name on water bill must be same as on electric bill)

Date:	_____	SSN#	_____	DOB:	_____				
Name:	_____	Marital Status	Married	_____	Single	_____			
			Divorced	_____	Widowed	_____			
Mailing address:	_____	Gender:	M	_____	Ethnicity:	Hispanic	_____		
Apartment No:	_____		F	_____		Non-Hispanic	_____		
City:	_____	Race	American Indian/Alaska Native				_____	Asian	_____
			Black/African-American				_____	White	_____
			Native Hawaiian/Pacific Islander				_____	Other	_____
State, Zip Code:	_____								
Service Address:	_____								
Main Phone No:	_____	Alternate Phone No:	_____						
Employer:	_____	Employer Phone No:	_____						
Spouse's Name:	_____	Spouse's DOB:	_____						

PLEASE NOTE:

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against customer applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating 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, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

I acknowledge that I have read the above information and that it is true and correct to the best of my knowledge. I also agree to be responsible for any fees associated with this service including penalties and reconnection charges if service is disconnected for nonpayment.

Signature _____ Date _____

This institution is an equal opportunity provider. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider, employer, and lender.

