

WARD TWO WATER DISTRICT

APPLICATION FOR WATER AND SEWER SERVICE (**RESIDENTIAL**)

PLEASE PRINT

Name:

First

Middle

Last

Phone Numbers:

Cell

Home

Work

Other

Email Address:

Opt for e-Bill (Paperless)

Driver's License #:

Date of Birth:

Spouse/Additional Person:

First

Last

Phone Number

Last 4 digits of Social Security or PIN #:

Account Holder

Spouse/ Additional Person

Service Address:

Street

City

Zip Code

Mailing Address (if different):

Previous Address:

Employer:

Phone:

Spouse's Employer:

Phone:

Emergency Contacts: 1)

Phone:

2)

Phone:

CHECK ONE:

House

Mobile Home

Apartment

Other:

SERVICE REQUESTED:

Water

Water and Sewer

Irrigation/Backflow

PROPERTY:

Owner

Non-owner

SUBDIVISON (if any):

LOT # (if any):

PLEASE READ CAREFULLY

I, undersigned, hereby request that the services indicated above be rendered at the service address listed on this application. I agree to provide any and all information and documents requested by Ward Two Water in connection with this service application. I understand that Ward Two Water District will invoice me for all above indicated services provided at that service address, and I Agree to pay the invoice for all such services timely. I understand and agree that if I fail to make payment in full by the due date, all services are due to be disconnected with no further notice.

{TURN PAGE OVER AND CONTINUE READING CAREFULLY}

WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND PROVIDER

I understand failure to receive bill does not excuse timely payment and may result in service disconnection.

I also understand that all bills are due upon receipt, and that any bill or portion of any bill not paid by the due date, will be Charged a penalty fee of 5% of the current bill.

I further understand that if I do not pay the bill in full by the 7th day after the due date, I may have to pay an additional Cut Off/Administrative Fee of \$50.00 in order to keep my services from being disconnected.

I hereby authorize Ward Two Water District to enter the premises on the property above for the purpose of accessing the water meter 24/7.

I also understand that I will be charged a minimum charge from the day services are connected until the regular reading date, even if it is less than one month.

I have been informed that if there has never been services at this address before, it will take a minimum of fifteen working days AFTER payment has been received in this office to have services connected.

I further agree to abide by all Ward Two Ordinances, Resolutions, rules and Regulations, including but not limited to charges and fees associated with the provision of water services.

I understand that this application form is for water and/or sewer service. I also understand that all invoices for water and sewer services are a combined invoice for both services. However, I am aware that water services are provided by Ward Two Water District and Sewer Services maybe provided by one of the following companies: Livingston Parish Sewer District, Denham Springs Sewerage District No. 1, or City of Denham Springs.

I attest that the information and the document provided in connection with this application are true accurate and correct to the best of my knowledge.

I acknowledge that I have read this entire application and have asked all the questions that I have about its terms. Having read the application and asked all of the questions that I had about it, I agree to each and every one of the terms set forth on this application form.

APPLICANT'S SIGNATURE

DATE

Race/National Origin Information:

“The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This 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/ national origin of persons/applicants on the basis of visual observation or surname.” Please check all that apply:

- | | | | | |
|--|----|---------------------------------|--|---------------------------------|
| <input type="checkbox"/> Male | or | <input type="checkbox"/> Female | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Indian |
| <input type="checkbox"/> American Indian or Alaska Native | | | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Other |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | | | <input type="checkbox"/> White | |
| <input type="checkbox"/> Asian | | | <input type="checkbox"/> Not Hispanic or Latino | |