

LOUISIANA WATER COMPANY

LF-96
10/23/12

APPLICATION FOR RESIDENTIAL WATER SERVICE

Please check service area:

Crowley DeQuincy Eunice Lecompte Loreauville Mansura New Iberia

Please check type of service:

Primary Domestic Service Second Domestic Service Lawn sprinkler / Irrigation Service

Name _____ Phone No. _____ Date _____

Mail Address _____

Service Address _____

Do You Own? _____ Rent? _____ If Renting, Landlord's Name and Phone _____

Has LAWCO ever provided water service for you? Yes _____ No _____

If yes, where? _____ When? _____

Would you like to have your bank account drafted for your monthly bill? Yes _____ No _____

Your Social Security Number _____ Your Driver's License Number _____

Your Employer _____ Phone No. _____ Years Employed _____

Employer Address _____

Spouse's Name _____ Spouse's Maiden Name _____

Spouse's Social Security Number _____ Spouse's Driver's License No. _____

I authorize LAWCO to release information on my account and give full access for account services to my spouse - Yes _____ No _____

Spouse's Employer _____ Phone No. _____

Spouse's Employer Address _____

Name of Nearest Relative Not Living With You _____ How Related _____

Address _____ Phone Number (_____) _____

Your Previous Address _____ How long? _____

Previous water company that served you _____

How long did you have service with them? _____ Email Address _____

The undersigned hereby requests Louisiana Water Company to render water service at the above service address, and agrees to receive from and pay the Company for all such services required on the premises at the above address, in accordance with the applicable rates and with the service regulations of the Company (copy of current rates and service regulations are available on request). The undersigned also understands that, should no one be at the premises when the serviceman connects the water service, all water faucets and all other water outlets should be turned off or closed by the customer. For all residential lawn sprinkler/irrigation services or on a domestic service deemed necessary, the customer shall install a reduced pressure principle backflow prevention assembly at the service connection to the public water supply or immediately downstream of the service connection. It is understood by the Customer that all backflow prevention devices shall meet the requirements of all applicable state and local codes or ordinances for water service including, but not limited to, the Louisiana State Plumbing Code and the Louisiana State Sanitary Code. Prior to installing service, the Customer will be required to forward certification, signed by a certified and licensed Louisiana Master Plumber and a licensed Water Supply Protection Specialist, stating that the installation is in compliance with all applicable codes. The Customer understands and acknowledges that the Louisiana State Plumbing Code requires that all backflow prevention devices are to be tested annually or more frequently if required in the Plumbing Code and that the results of test are to be submitted to the proper plumbing official and Louisiana Water Company, in a timely manner.

Applicant's Signature _____ Date _____

Co-Signer's Signature _____ Date _____

Co-Signer's Address _____

Office Use Only

Date _____ Time _____ A.M./ P.M.

Account Number _____ Connect Date _____

Deposit Amount: _____ No.: _____

_____ Emp. No. _____

LAWCO Representative