

SOUTHWEST ALLEN PARISH WATER DISTRICT
RENTER APPLICATION FOR UTILITY SERVICE
ACCOUNT NO. _____

P.O. BOX 247
519 N. 8TH ST.
KINDER, LA 70648
(337)738-5621
swap@centurytel.net

PLEASE COMPLETE THE FOLLOWING INFORMATION:

BILLING NAME _____
LAST FIRST M.I

SERVICE ADDRESS _____

MAILING ADDRESS (if different) _____
CITY STATE ZIP CODE

DATE OF BIRTH _____ DRIVER'S LIC. NO. _____

EMPLOYER _____ WORK PHONE _____

HOME PHONE _____ CELL PHONE _____

SPOUSE'S NAME _____ CELL PHONE _____

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU _____
PHONE _____

REQUESTED START DATE FOR SERVICES _____

1ST TIME SERVICE WITH IS? _____ IF NOT, WHAT ADDRESS _____

SIGN UP FOR ALERTS: TEXT MESSAGE, PHONE NUMBER & CARRIER _____
and/or EMAIL _____

\$75.00 RENT DEPOSIT MUST BE PAID BEFORE WATER SERVICE IS CONNECTED.

BILLS ARE SENT OUT ON THE 1ST OF EVERY MONTH.

BILLS ARE DUE BY THE 19TH TO AVOID LATE CHARGES.

BILLS THAT ARE NOT PAID BY THE 25TH WILL BE DISCONNECTED ON THAT DAY.

WE DO NOT SEND OUT DISCONNECT NOTICES.

IF YOUR SERVICES ARE DISCONNECTED, A RECONNECT FEE PLUS THE AMOUNT OF YOUR BILL, WILL NEED TO BE PAID BEFORE THE SERVICE IS RECONNECTED.

I HEREBY APPLY FOR 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 SOUTHWEST ALLEN PARISH WATER DISTRICT. I WILL BE RESPONSIBLE FOR ALL THE WATER BILLS DUE TO THE SOUTHWEST ALLEN PARISH WATER DISTRICT INCURRED AT THE ABOVE ADDRESS.

Signature of applicant _____ **Date** _____