

## EAST ALLEN WATER WORKS

4033 HIGHWAY 26, OBERLIN, LA 70655

(337) 639-4334 OR (337) 603-9705

Email: [eastallenwaterworks@hotmail.com](mailto:eastallenwaterworks@hotmail.com)

Website: [eastallen.myruralwater.com](http://eastallen.myruralwater.com)

### APPLICATION FOR RESIDENTIAL UTILITY SERVICE

#### OFFICE USE ONLY:

Date: \_\_\_\_\_

Location # of New Service: \_\_\_\_\_

Prior Account Name: \_\_\_\_\_

Rent Deposit Amount: \$ \_\_\_\_\_

CASH

CHECK

CC

New Meter Installation Fee: \$ \_\_\_\_\_

CASH

CHECK

CC

Connection Fee: \$ \_\_\_\_\_

CASH

CHECK

CC

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_

Location Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_ Your Driver's License Number: \_\_\_\_\_

Do you Own? \_\_\_\_ Rent? \_\_\_\_ If renting, Landlord's Name and Phone: \_\_\_\_\_

Has EAWW ever provided water service for you? Yes \_\_\_\_ No \_\_\_\_

If yes, where? \_\_\_\_\_ When: \_\_\_\_\_

Your Employer: \_\_\_\_\_ Phone No: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Cell Phone Number: \_\_\_\_\_

I authorize EAWW to release information on my account and give full access for account services to my spouse

Yes \_\_\_\_ No \_\_\_\_

Spouse's Employer: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name of Nearest Relative Not Living with You: \_\_\_\_\_ How Related: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Your Previous Address: \_\_\_\_\_ How long? \_\_\_\_\_

Previous water company that served you: \_\_\_\_\_

How long did you have service with them? \_\_\_\_\_

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The undersigned hereby request East Allen Water Works to render water service at the above service address, and agrees to receive from and pay the EAWW for all such services required on the premises at the above address, in accordance with the applicable rates. The undersigned also understands that when the service is connected, EAST ALLEN WATER WORKS *is not responsible for any water damage that may occur inside the residence due to any outlets left open.*

Payments are due by the 10<sup>th</sup> of every month and after the 10<sup>th</sup> there is a 10% late fee charged. Water service will be disconnected if amount is not paid by the 20<sup>th</sup>. A reconnection fee will be charged for service to be reconnected. The first time for reconnection is \$50.00, the second time is \$75.00 and the 3<sup>rd</sup> time is \$100.00. A connection fee of \$25.00 is also charged for service to be turned on or if the customer moves within the water district and request a transfer.

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**THE FOLLOWING IS NEEDED TO RECEIVE WATER FROM EAST ALLEN WATER WORKS:**

**RENTER**

- \_\_\_\_\_ COPY OF DRIVER'S LICENSE
- \_\_\_\_\_ RENTER'S AGREEMENT SIGNED BY RENTER AND LANDLORD
- \_\_\_\_\_ RENTER'S DEPOSIT OF \$100.00 FOR ALL RENTERS

**OWNER**

- \_\_\_\_\_ COPY OF DRIVER'S LICENSE
- \_\_\_\_\_ OWNERSHIP DOCUMENTATION FOR LOCATION
- \_\_\_\_\_ FEE FOR CONNECTION OF \$25.00 FOR ALL CUSTOMERS

***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 EAST ALLEN WATER WORKS. I WILL BE RESPONSIBLE FOR ALL THE WATER BILLS DUE TO EAST ALLEN WATER WORKS INCURRED AT THE ABOVE ADDRESS.***

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Customers of East Allen Water Works:

In an effort to enhance efficiency and provide better customer service, East Allen Water Works has "Radio Read Meters". Each meter will have a small radio transmitter that sends the current meter readings to the computer.

If a meter is damaged due to tampering, damage from running over it with vehicle/equipment or any other type of damage **the customer is responsible for the replacement cost.**

The cost will be \$350.00.

Thank you for your corporation.

East Allen Water Works

***Customer agrees to the above and will be responsible for any damage.***

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PREVIOUS CUSTOMER NAME:**

\_\_\_\_\_

**PREVIOUS CUSTOMER LOCATION #:**

\_\_\_\_\_

**OFFICE USE ONLY:**

**Customer:** \_\_\_\_\_

**METER #:** \_\_\_\_\_

**SERIAL #:** \_\_\_\_\_

**PREVIOUS READINGS:** \_\_\_\_\_

**DATE OF CONNECTION:** \_\_\_\_\_

**AMOUNT OF DEPOSIT:** \_\_\_\_\_

**CHECK AMOUNT:** \_\_\_\_\_

**CHECK #:** \_\_\_\_\_

**NAME ON CHECK:** \_\_\_\_\_

**CREDIT CARD AMOUNT:** \_\_\_\_\_

**APPROVAL CODE:** \_\_\_\_\_

**CASH AMOUNT:** \_\_\_\_\_

**RECEIPT#:** \_\_\_\_\_

**DATE ENTERED INTO SYSTEM:** \_\_\_\_\_

**PREVIOUS CUSTOMER ACCT NAME & ACCT #:** \_\_\_\_\_

## CUSTOMER COPY

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