Application	
Water Service	



For office use only:		
Service application#	Account #	
Deposit #		

Application must be	filled out and	signed by the person's r	name the water will b	e in.
Full Name:				
Physical Address:				
City:		Phone #:		
Email:				
Mailing Address:				
City:		State:	Zip:	
Date water is to begin in name:	your			
Property Descript	ion			
House, Mobile home, or vacant lot		Color:		
Mobile home park name, if applicable				
Ownership Do you own or rent?		Rent-who is landlord? Own-purchased from?		
*Proof of owners	hip/lease r	equired: Cash sale	, Donation or co	y of
lease agreement	for tenant			
Prior Service				
Do you currently have or have you ever had water service in Lafourche Parish?		If so, where?		
Do you want this		If so, when?		

service disconnected? Terms and conditions

I have been advised that I (myself or representative 18 years or older) must **meet** the customer service rep and sign acknowledgement **when turning my water on/off**. I understand that Lafourche Parish Water District No. 1 will not use my personal shut off valve to turn water on/off for any reason. **If no one is available to meet the service man, my order will be held until I am able to meet service man. Additional service charges may apply.**

I have been advised that I must install a personal valve before a water meter can be placed in an empty or new box. I must call the District Office once the valve is installed. I also acknowledge that if meter is tampered with, I may be responsible for damages resulting from any tampering.

I understand that if the payment for an outstanding bill is not received by the Disconnect date, my account will be assessed a \$30.00 delinquent fee and may be subject to disconnection of service. If the service is disconnected, the full past due amount, the delinquent fee, and possibly a deposit is required to reinstate service.

Failure to receive the bill does not excuse responsibility for timely payment and does not prevent delinquent fee or service from disconnection.

I certify that the information provided is accurate and I acknowledge the disclosures above.

Signature Date