

COMMERCIAL/BUSINESS

UTILITIES APPLICATION - CITY OF NATCHITOCHES

ACCOUNT # _____ CUSTOMER ID _____ LOCATION ID _____

NAME OF BUSINESS: _____

SERVICE ADDRESS: _____ PHONE #: _____

BILLING ADDRESS: _____ CITY _____ STATE _____ ZIP _____

OWNER'S NAME'S: _____ SOCIAL SECURITY #: _____

OWNER'S ADDRESS: _____ CITY _____ STATE _____ ZIP _____

OWNER'S DRIVER'S LICENSE #: _____ PHONE #: _____

WARNING: ANY INTENTIONAL ACT OF MAKING FALSE STATEMENTS ON THIS APPLICATION SHALL SUBJECT APPLICANT TO CUT-OFF OF ALL UTILITY SERVICES AND REQUIRE FULL PAYMENT OF UTILITY CHARGES TO DATE. I UNDERSTAND THAT MY BILL IS SUBJECT TO BE DISCONNECTED IF I FAIL TO PAY WITHIN THIRTY DAYS FROM THE BILLING DATE WITHOUT FURTHER NOTICE, PLUS A RECONNECT CHARGE. I UNDERSTAND THAT THE CITY OF NATCHITOCHES IS NOT RESPONSIBLE FOR ANY DAMAGES DUE TO FAULTY PLUMBING OF FAUCETS LEFT OPEN.

SIGNATURE OF APPLICANT

DATE