

NEW SERVICE APPLICATION: CURRENT INFORMATION

SERVICE WILL NOT BE RENDERED UNLESS ALL INFORMATION IS COMPLETE

IN ORDER TO ESTABLISH SERVICE WITH US YOU MUST PROVIDE:

- A VALID DRIVERS LICENSE or US IDENTIFICATION CARD
- A CURRENT SOCIAL SECURITY CARD
- LEASE AGREEMENT (if applies)
- DEED (if applies)



PLEASE PRINT

Residential or Commercial (circle one)

Your Name/Business Name _____
Service Address _____ Mailing Address _____
City _____ St. _____ Zip _____
Social Security no. _____ Tax I.D no. (Commercial only) _____
Home phone _____ Business phone _____ Cell phone _____ Fax _____
Email Address _____ Drivers License _____ Birth Date _____
(M) Married or (S) Single _____ No. in household _____ Own or Rent _____

CO-APPLICANTS INFORMATION (Mandatory for access to account)

Name _____ Social Security no. _____ Drivers License no. _____

ADDITIONAL CONTACT INFORMATION

Name of 2nd contact _____ Relationship _____ Contact no. _____
Landlord's name _____ Address _____ Phone _____

Please read the following information carefully.

1. All charges and bills not paid by the DUE DATE will be past due and a LATE CHARGE of 10% will be added to the past due amount.
2. A delinquency notice will be issued on the third day following the due date and unpaid bills become delinquent 10 days after the delinquency notice.
3. Service will be discontinued on all delinquent accounts and not restored until all delinquent amounts are paid in full or other acceptable payment arrangements are made.
4. A \$25.00 reconnection fee will be assessed on all accounts turned off for non-payment or waste; \$35.00 after 3pm.
5. Failure of the consumer to receive any bill or delinquency notice shall in no way relieve the consumer of the necessity of paying nor shall it protect the consumer from discontinuance of service. Consumers may request a hearing with the Utility Office Manager prior to service being discontinued.
6. Adjustments shall only be made under the following circumstances and conditions. In the event of an unusually high consumption for known reasons or leaks documented by the consumer. No adjustment or refund will be made for any error in billing unless such error is called to the attention of the Water Department in writing on forms prepared by the department within six (6) months of the date of the billing. There shall be no adjustments over \$250 or more than one adjustment per a twelve (12) month period without authorization of the City Council. Adjustments are limited to the difference between the amount of sewer charged on the bill in question and the consumer's average sewer bill over the previous six (6) months.
7. All properties connected to the water/sewer system shall be assumed to be using such services. The consumer and the property owner will be held equally responsible for all charges incurred until a written notice of termination is given to the City Water Department.

Everything that I/we have stated in this application is correct and true to the best of my/our knowledge. I/we have read the above contract and agree to all its terms and conditions.

Notice: The City of Port Arthur will not be responsible for any damage incurred because of leaks or open faucets at the time service is turned on at your meter.

Signature of Applicant _____ Print Name _____

Signature of Co-Applicant _____ Date: _____

Customer No _____ Location No _____ Utility Service Rep Initials _____

NEW SERVICE APPLICATION: PREVIOUS HISTORY

Have you had service with us before? Yes _____ No _____

If yes, please state other addresses you have had service below

Information that I/we have provided in this statement is correct and true to the best of my/our knowledge. You are authorized to check credit and employment history and to answer questions about your credit experience with me/us. By signing I understand that any balances owed by myself or co-applicant at any previous addresses provided or any other previous addresses found by the Water Utility Operations Department using my Social Security Number and Name, shall become payable before service is established at the address requested.

By signing I understand that I release Entergy to provide to the City of Port Arthur Water Utility Operations Department with Entergy Account Information which shall include, but be not limited to, Name on account, Social Security Number, Service Address, and I release the City of Port Arthur to provide same said information to Entergy upon request.

I/we have read the above contract and agree to all its terms and conditions.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____