

BAYOU DES CANNES WATER SYSTEM
3864 GEORGE SOILEAU RD
BASILE, LA 70515
337-457-7171, FAX # 337-457-2171
Email: bdcwsbasile@gmail.com
Web page: bayoudescannes.myruralwater.com

APPLICATION FOR WATER SERVICE

NAME: _____ PHONE # _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
SERVICE ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
S.S. # _____ DRIVER'S LIC. # _____
PLACE OF EMPLOYMENT _____ PHONE # _____
DO YOU OWN OR RENT AT THIS ADDRESS _____
LAND LORD'S NAME IF RENT: _____
ADDRESS: _____ PHONE # _____
SPOUSE'S NAME AND EMPLOYER _____
PREVIOUS WATER COMPANY THAT SERVED YOU _____

The undersigned hereby requests Bayou Des Cannes Water System to render service at the above service address, and agrees to pay the water system for water service on the premises in accordance with the applicable rates. The undersigned also understands that when the service is connected, Bayou Des Cannes Water System is not responsible for any water damage that may occur inside the residence due to any outlets left open. Payments are due by the 15th of every month. Water service will be disconnected if amount due is 30 days past due. A re-connection fee of \$25 will be charged for service to be turned on due to a delinquent bill or in the case of a customer moving within the water system and request a transfer of the existing account to another location.

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against customer applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

CIRCLE

Ethnicity:

Hispanic or Latino
Not Hispanic or Latino

Race:

American Indian/Alaska Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White
Other

Gender:

Male
Female

COPY OF DRIVER'S LICENSE

APPLICANTS SIGNATURE _____ DATE _____

This institution is an equal opportunity provider and employer.