

BAYOU DES CANNES WATER SYSTEM

3864 GEORGE SOILEAU RD

BASILE, LA 70515

337-457-7171

FAX : 337-200-5003

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.

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 Rental Agreement, or Proof of Property Ownership

Copy of Driver's License

This institution is an equal opportunity provider and employer.

APPLICANTS SIGNATURE _____ DATE _____

To file a complaint of discrimination, write: USDA, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (866)632-9992 (voice) or (202)720-6382 (TDD).

This institution is an equal opportunity provider and employer. We are handicap accessible.

