

BAYOU DES CANNES WATER SYSTEM  
3864 GEORGE SOILEAU RD  
BASILE, LA 70515  
337-457-7171  
FAX : 337-200-5003  
Email: [bdcwsbasile@gmail.com](mailto: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 15<sup>th</sup> 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.

