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: _____
PHONE # _____**SPOUSE'S NAME AND EMPLOYER**_____
PREVIOUS WATER COMPANY THAT SERVED YOU_____
HAVE YOU EVER BEEN A CUSTOMER OF BAYOU DES CANNES WATER SYSTEM? YES OR NO
IF YES, NAME ACCOUNT WAS UNDER _____

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 $50 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.

Customers of Bayou Des Cannes Water System:

In an effort to enhance efficiency and provide better customer service, Bayou Des Cannes Water System has replaced current manual read meters with "Radio Read Meters". Each meter will have a small radio transmitter that will send the current meter reading to the hand held recorder when interrogated.

If a meter or meter box/lid is damaged due to tampering, damage from running over it with a vehicle/equipment or any other type of damage **the customer will be responsible for the replacement cost.**

Replacement cost for meter: $300
Replacement cost for meter box: $50
Replacement cost for meter box lid: $25

Thank you for your corporation.

Bayou Des Cannes Water System

Web Site
bayoudescannes.myruralwater.com

Customer 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.