

## Lafourche Parish Water District No 1

\*\*\*\*Must be filled out and signed by the person who's name the water will be in.\*\*\*\*

Applicant Information							
Full Name:					Data		
ruii Name:	Last	First		M.I.	Date:		
Physical							
Address:	- <del></del>						
	House Number	Street Name	•				
	City			State	Zip Code		
	Mailing Address				Apartment/Unit #		
	City			State	ZIP Code		
Phone:				Email			
Turn on Dat							
Turn on Dat	e:				_		
		YES	NO				
Do you own the property?				If yes, purchased from who?			
Do you rent	2	YES	NO	If yes, from who?			
		_	Ш	WIIO:			
Have you ever had water service with LPWD before?		YES	NO				
If was whom							
If yes, where	e:						
House or Trailer?	House Traile	r Othe	er 				
Description							
of property							
Color of							
structure:							

Please continue on back

Email							
Email address:							
Disconnect							
Do you need water disconnected?  YES  NO  □							
If so, address:							
Is the forwarding address the same as the new location?  YES NO  If different							
list here:							
Disclosures  I have been advised that I (myself or representative 18 years or older) must meet the customer service rep and sign acknowledgement when turning my water on/off. I understand that Lafourche Parish Water District No. 1 will not use my personal shut off valve to turn water on/off for any reason. If no one is available to meet the service man, my order will be held until I am able to meet service man. Additional service charges may apply.  I have been advised that I must install a personal valve before water can be connected. I must call the District Office once the valve is installed. I also acknowledge that if meter is tampered with, I may be responsible for damages resulting from any tampering.							
I understand that if the payment is not received by the Disconnect date, my account will be assessed a \$30.00 delinquent fee and may be subject to disconnection of service. If the service is disconnected, the full past due amount, the delinquent fee, and possibly a deposit is required to reinstate service.							
Failure to receive the bill does not excuse responsibility for timely payment and does not prevent delinquent fee or service from disconnection.							
	Signature						
I certify that the information provided is accurate and I acknowledge the disclosures above.  Signature:  Date:							
FOR WATER DISTRICT USE ONLY  CLERK  COMPLETED							