



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: _____ Date: _____
Last First M.I.

Physical Address: _____
House Number Street Name

City State Zip Code

Mailing Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Turn on Date: _____

Do you own the property? YES NO If yes, purchased from who? _____

Do you rent? YES NO If yes, from who? _____

Have you ever had water service with LPWD before? YES NO

If yes, where: _____

House or Trailer? House Trailer Other _____

Description of property _____

Color of structure: _____

Please continue on back

