

# City of Opelousas

OPELOUSAS, LOUISIANA

S.S.# \_\_\_\_\_ Date \_\_\_\_\_

D. L. # \_\_\_\_\_

Email address \_\_\_\_\_  New Account

Transfer

Applicant \_\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Present Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_ How Long \_\_\_\_\_

Previous Employer \_\_\_\_\_

Name of Nearest Relative Not Living With You \_\_\_\_\_

Address \_\_\_\_\_

Credit References 1. \_\_\_\_\_

2. \_\_\_\_\_

## CERTIFICATION

This will certify that I agree to pay to the City of Opelousas, all water and sewer bills, within fifteen (15) days of receipt of said bills. I understand that failure on my part to adhere to this agreement will result in having my utility services discontinued without prior notice.

This will also certify that I will, upon moving from above address, present myself at the office of the City Clerk in order to sign a "Request For Disconnection of Service" form, and that I will present my forwarding address to the City Clerk at that time.

\_\_\_\_\_  
Applicant

Deposit \$ 115.00 \_\_\_\_\_

Verified \_\_\_\_\_  
(Date)

By \_\_\_\_\_