

OFFICE: 318-965-2781

WAYNE CATHCART
MAYOR



FAX: 318-965-2577

STEPHANIE SULLIVANT
CLERK

TOWN OF BENTON

LOUISIANA

P O Box 1390 Benton, Louisiana 71006

DATE: _____ DATE WATER TO BE TURNED ON: _____

NAME: _____ SPOUSE: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

PHONE #: HOME: _____ CELL: _____ WK: _____

CIRCLE: HOUSE APARTMENT MOBILE HOME CIRCLE: RENTING BUYING OWN

IF RENT; NAME & PHONE NUMBER OF OWNER: _____

PLACE OF EMPLOYMENT: _____

SOCIAL SECURITY #: _____ BIRTH DATE: _____

(SS# Optional)

DRIVER'S LICENSE #: _____ STATE: _____

HAVE YOU PREVIOUSLY RECEIVED UTILITY SERVICE FROM THE TOWN OF BENTON?

YES _____ NO _____ IF YES, WHEN? _____

IMPORTANT NOTICE: Customer assumes responsibility to insure that all valves are off inside residence prior to service turn-on. Someone must be present for water to be turned on. It is customer's responsibility to disconnect service if he/she shall move or sale the home.

SIGNATURE _____

FOR OFFICE USE ONLY

ACCOUNT #: _____ DEPOSIT DATE: _____

Customer #

Location #

DEPOSIT RECEIPT #: _____ DEPOSIT AMOUNT: _____ CK #: _____

TAP RECEIPT #: _____ TAP AMOUNT: _____

METER READING: _____ PREVIOUS OCCUPANT READING: _____

METER #: _____ WATER _____ SEWER _____ GARBAGE _____ SDWP _____

REQUEST READ _____
MAILING ADDRESS _____
POST DEPOSIT _____
CHANGE CODES _____

SPRINKLER _____
TRANSFER: YES OR NO _____
TRANSFER DEPOSIT _____