

OFFICE: 318-965-2781  
SHELLY HORTON JR.  
MAYOR



**TOWN OF BENTON**  
LOUISIANA

FAX: 318-965-2577  
STEPHANIE SULLIVANT-COLLIER  
CLERK

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 LEASING

IF RENT; NAME & PHONE NUMBER OF OWNER: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ 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 the 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 #: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ CK #: \_\_\_\_\_

TAP RECEIPT #: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ CK #: \_\_\_\_\_

WATER/WAF (CIAF) RECEIPT #: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ CK #: \_\_\_\_\_

SEWER/SAF (CIAF) RECEIPT #: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ CK #: \_\_\_\_\_

METER READING: \_\_\_\_\_ PREVIOUS OCCUPANT READING: \_\_\_\_\_

METER #: \_\_\_\_\_ WATER \_\_\_\_\_ SEWER \_\_\_\_\_ GARBAGE \_\_\_\_\_ SDWP \_\_\_\_\_

REQUEST READ _____	SPRINKLER _____
MAILING ADDRESS _____	TRANSFER: YES OR NO _____
POST DEPOSIT _____	TRANSFER DEPOSIT _____
CHANGE CODES _____	TRANSFER ADDRESS _____
COPY RECEIPT _____	TRANSFER LOCATION # _____
SYSTEM SEARCH _____	