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CLERK

TOWN OF BENTON
LOUISIANA

P O Box 1390 Benton, Louisiana 71006

BUSINESS APPLICATION

DATE: _____ DATE WATER TO BE TURNED ON: _____

NAME OF BUSINESS: _____

NAME OF CONTACT: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

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

CIRCLE: HOUSE APARTMENT MOBILE HOME CIRCLE: RENTING BUYING OWN

SOCIAL SECURITY # OR TAX ID#: _____

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 _____