



## City of Lake Charles, Louisiana Service Application

Date \_\_\_\_\_

Customer Name \_\_\_\_\_

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

Are you the: \_\_\_\_\_OWNER \_\_\_\_\_RENTER \_\_\_\_\_TENANT \_\_\_\_\_OTHER specify: \_\_\_\_\_

Where would you like your bill mailed to?

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

Have you had service with us before? If yes, where \_\_\_\_\_

Phone# ( \_\_\_\_\_ ) \_\_\_\_\_  
area code

Type \_\_\_\_\_  
H = home C = Cellular

SS# \_\_\_\_\_ DL# \_\_\_\_\_ STATE DL issued \_\_\_\_\_

EMPL \_\_\_\_\_ EMPL. PH# \_\_\_\_\_  
Place of Employment

Type of Service Requesting:

\_\_\_\_\_WATER \_\_\_\_\_NEW SERVICE \_\_\_\_\_MOVING TO NEW ADDRESS

\_\_\_\_\_SEWER \_\_\_\_\_TAP \_\_\_\_\_STOP SERVICE

\_\_\_\_\_IRRIGATION \_\_\_\_\_ADDITIONAL SERVICE \_\_\_\_\_RESET METER

Service START Date: \_\_\_\_\_ Service TURN-OFF Date: \_\_\_\_\_

### **For Office Use Only:**

CID# \_\_\_\_\_ LID# \_\_\_\_\_ Cycle Route \_\_\_\_\_

Meter Size \_\_\_\_\_ Permit # \_\_\_\_\_

Tap Size \_\_\_\_\_ Picture ID \_\_\_\_\_ Clerk \_\_\_\_\_

Signature \_\_\_\_\_