



# City of Lake Charles, Louisiana Service Application

Date \_\_\_\_\_

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

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

Are you the:  OWNER  RENTER  TENANT  OTHER specify: \_\_\_\_\_

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

\_\_\_\_\_

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

Phone# ( \_\_\_\_\_ ) \_\_\_\_\_ Type \_\_\_\_\_  
area code H = home C = Cellular

You will receive a call when your application is being processed to obtain your SS# DL # \_\_\_\_\_ STATE DL issued \_\_\_\_\_

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

Type of Service Requesting:

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> WATER      | <input type="checkbox"/> NEW SERVICE        | <input type="checkbox"/> MOVING TO NEW ADDRESS |
| <input type="checkbox"/> SEWER      | <input type="checkbox"/> TAP                | <input type="checkbox"/> STOP SERVICE          |
| <input type="checkbox"/> IRRIGATION | <input type="checkbox"/> ADDITIONAL SERVICE | <input type="checkbox"/> 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 \_\_\_\_\_

When you submit your form via Email, please attach a photo of the front and back of the ID of the person who is applying for service.