



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:

- 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 _____

To submit your form via email, please call (337) 491-1307 for the email address.
Please prepare to attach a photo of the front and back of the ID of the person who is applying for service to the email.