

Utility Operations Division Customer Service 316 Breard Street Monroe, LA 71201 Ph (318) 329-2220 Fax (318) 329-3358

e-mail: customer.service@ci.monroe.la.us

website: www.monroela.us

APPLICATION FOR SERVICE

Prior to establishing service, a deposit is required. A \$25.00 Activation Fee will be applied to the first bill. **PLEASE PRINT** *Indicates Required Field. *Date to Begin Service *Service Location Desired *LEGAL NAME (FIRST, MI, LAST) (If Commercial see *COMMERCIAL* below) *SOCIAL SECURITY or TAX ID # (Required for Identity verification) *Driver's License #/ State Issued *Primary Phone # Secondary Phone # Fax Number Email address: __Check to receive bills and notifications by email only *BILLING ADDRESS: Same as Service Location Different from Service Location (see below): IN CARE OF STREET / P.O. BOX CITY, STATE, POSTAL CODE *COMMERCIAL ACCOUNT: Name of Person Completing Application ___ Person Completing Application Title ___ Residential: Number of Containers needed (\$16.00 ea) $\boxed{0}$ *Type of Account: Commercial: Type of Business: Containers (\$23.00 ea): ___Trash only Fire Hydrant only Master Deposit (own 6 or more rental properties) *Do you own the property where service will be setup? Yes No Phone:

Note: For the water to be turned on, all faucets, washer connections, etc. must be off. The service personnel are not allowed to go inside the residence / building. You must make sure all water connections are off at the service address. Water will not be left on if meter is running, and it may cost you an additional fee if we must make more than one trip to the property to activate the service. The applicant agrees if there is a failure to pay when due COM Utility Operations may discontinue service until arrears plus any additional charges are paid or arrangement is made with authorized personnel. The applicant also acknowledges that meters are the property of the City of Monroe and may be turned on or off only by authorized city employees. Any unauthorized connection of a meter is illegal and will result in fees and possible termination of service.

I hereby apply for service in accordance with the terms of this Service Contract and affirm that the information which I have provided on this form is, to my knowledge, true and correct. I understand that the City of Monroe is relying on this information to furnish me utility service. If any of this information is determined to be false or incorrect for the purpose of misleading or defrauding COM Utility Operations, my utility service may be terminated immediately without any further notice to me.

RIGHTS OF APPLICANT: If there is a dispute concerning billing, the customer has the right to consult with a City of Monroe Customer Service Representative in Utility Operations Division, 316 Breard St. telephone number (318) 329-2220.

Signature of Applicant/Authorized Person: ___

To be completed by City of	Monroe staff only:				
Deposit Amount \$	-	f any) \$ = Total when verifi		verified \$	
Processed By:	Date:	History Verifie	ed □ ID Verified □ Accou	unt #:	