

**CITY OF THIBODAUX
RESIDENTIAL UTILITY APPLICATION**

>>PICTURE IDENTIFICATION, SOCIAL SECURITY CARD, CURRENT WRITTEN RENTAL AGREEMENT AND DEPOSIT REQUIRED<<

RESIDENT'S NAME:		PHONE NUMBER	CELL PHONE NUMBER
SOCIAL SECURITY NUMBER:		DRIVER'S LICENSE NUMBER:	E-MAIL ADDRESS:
SPOUSE'S NAME:		SOCIAL SECURITY NUMBER:	DRIVER'S LICENSE NUMBER:
SERVICE ADDRESS	STREET NUMBER	STREET NAME	CITY, STATE ZIP
MAILING ADDRESS	STREET NUMBER / P. O. BOX	STREET NAME	CITY, STATE ZIP
EMPLOYER:			PHONE NUMBER
ADDRESS			E-MAIL ADDRESS:
SPOUSE'S EMPLOYER:			PHONE NUMBER
ADDRESS			E-MAIL ADDRESS:
NEAREST RELATIVE NOT LIVING WITH APPLICANT			PHONE NUMBER
ADDRESS			E-MAIL ADDRESS:
RENT _____ OWN _____		LANDLORD'S NAME, ADDRESS AND TELEPHONE NUMBER	
APPLICANT'S PREVIOUS ADDRESS		HOW LONG?	ARE YOU RETIRED?
ARE YOU A STUDENT?			
HAVE YOU EVER HAD SERVICE WITH THE CITY BEFORE?		IF YES, WHERE?	

I hereby request that the CITY OF THIBODAUX (City) render utility services to the above service address. I agree to receive such services from the City and pay the City for such services requested at the above premises and at subsequent addresses designated by me to which I may move in the future. I agree that the City has no obligation to accept this request if the above premises is not located adjacent to the line of the City from which the requested service may be readily rendered, and the City shall be under no obligation to service any future address to which I may move if said address is not so located. I further agree that if the City renders the service herein requested that this request shall become a contract between the undersigned and the City, and the payment for services is due upon receipt of billing.

I understand that the deposit placed at the time of the application is tentative and an additional deposit may be required before service is provided. The deposit will be used to offset any balance due upon account closure. I understand that in the event of nonpayment of the utility account requested herein, the account will be turned over for collection. I agree to pay all collection fees incurred to collect any past due balance. In addition, I also agree to pay any and all court costs, attorney fees, and all cost associated with the collection of the amount due.

By signing this form, I authorize the City of Thibodaux to verify any and all information contained in this application. This authorization allows the City to contact my landlord, the Assessor's Office, other City Departments and/or any third party to verify information contained in this application, including but not limited to the owner of the service property and/or the undersigned's rental status.

I hereby acknowledge that I have read and understand the statements and acknowledge that all information given above is true and accurate.

CUSTOMER SIGNATURE

DATE

FOR OFFICE USE ONLY

RECEIPT DATE: _____
 SERVICE ORDER DATE: _____
 GAS DEPOSIT: _____
 APPLICATION TAKEN BY: _____

RECEIPT NUMBER: _____
 SERVICE ORDER NUMBER: _____
 WATER DEPOSIT: _____
 APPLICATION REVIEWED BY: _____

REVISED APRIL 2009

Utility Customer Reference Sheet (Rental)

1. Family Reference

Name:
Address:
City, State, Zip:
Telephone Number:
Relationship:

2. Family Reference

Name:
Address:
City, State, Zip:
Telephone Number:
Relationship:

3. Non-Family Reference

Name:
Address:
City, State, Zip:
Telephone Number:
Relationship:

I hereby authorize the City of Thibodaux to contact the above references in the event that my contact information provided on the utility application is no longer accurate.

CUSTOMER SIGNATURE

1/22/2013