

Thank you for choosing Thibodaux for your new residence or business location...

The City of Thibodaux is committed to assisting new residential and business customers with establishing utility services in the City. The City of Thibodaux provides individuals and businesses with water, gas, sewerage, and garbage pick-up.

Attached are a direct pay authorization form, utility deposit information, garbage and recycling service information and information on our EyeonWater app.

I hope you will find this information useful. If you need further assistance regarding Utility services, please contact our Utility Billing Office at (985) 446-7230 or our Utility Collections Office at (985) 446-7204.

If you are interested in receiving the city's newsletter, please refer to our website at www.ci.thibodaux.la.us.

Again, thank you for choosing Thibodaux for your new residence or business location. If I can be of assistance to you please do not hesitate to contact my office.

Sincerely,
Mayor Kevin Clement

CITY OF THIBODAUX

UTILITY SERVICE INFORMATION

Collection Hours: Monday thru Friday
8:00 AM – 4:00 PM Inside Service Window
8:00 AM – 4:30 PM Drive thru Window

UTILITY DEPOSIT INFORMATION

	Gas	Water
Residential – Owner	\$ 25.00	\$ 25.00
Residential – Rental	\$ 50.00	\$ 50.00
Commercial – General Business	\$ 55.00	\$ 55.00
Commercial – Small Business	\$ 100.00	\$ 100.00
Commercial – Food/Liquor Served	\$ 250.00	\$ 100.00
All Other Deposits	\$ 55.00	\$ 55.00

UTILITY PAYMENT OPTIONS

- Direct Payment: Payments are drafted against your bank account on or near the due date.
- Mail payments to:

City of Thibodaux
Collections Office
P.O. Box 5418
Thibodaux, LA 70302
- Utility Bills can be paid in person at City Hall - either at our inside window or drive-thru window.
- Drop Boxes located at
 - City Hall, 310 West 2nd Street, street side.
 - Stark Municipal Complex, 1309 Canal Blvd.
 - Utility Payments picked up once daily at 8 AM. All payments dropped after 8 AM are posted the next working day.
- Online on the City of Thibodaux's Website: www.ci.thibodaux.la.us. Please note there are fees associated with online payments.
- By phone, **1-833-892-0179**, 24 hours a day, 365 days a year. This service will allow you to hear real-time balances, payments amounts and due dates. Please note there are fees associate with all phone credit card payments.

Utility bills are due 19 days from the billing date. There is a six-day extension after the due date. Any past due amount requires immediate payment of the total bill. Payments received after 4 pm will be posted on the next business day. Payments may be made with cash, checks, money order, or Visa, MasterCard, and Discover.

If you need any information about your billing or payment options, please call our Collection office at 985-446-7204.

**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:	
SECONDARY NAME:		SOCIAL SECURITY NUMBER:		DRIVER'S LICENSE NUMBER:	
				BILLED: _____ E-MAILED: _____ BOTH: _____	
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:	
SECONDARY'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?		
<p>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.</p> <p>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.</p> <p>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.</p> <p>I hereby acknowledge that I have read and understand the statements and acknowledge that all information given above is true and accurate.</p>					
CUSTOMER SIGNATURE _____				DATE _____	

FOR OFFICE USE ONLY

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