

CITY OF LAFAYETTE

APPLICATION FOR UTILITIES FOR RESIDENCE

You must show proper identification, rent receipt or owner's papers.

Full name _____ Spouse's name _____

Social Security number _____ Spouse's Social Security number _____

Utility address _____ Check one: Rent ___ Own ___

Mailing address _____

Phone Number _____

Utilities requested: Electricity ___ Water ___ Natural gas ___ Sanitation ___

Previous/current address: _____

Have you or your spouse ever had utilities with the city before? _____

If yes, when and in what name? _____

List other people over 18 years living in the residence _____

Name of last residents at this address _____

Where are you employed? _____ Previous employer _____

Landlord's name _____ Address _____ Phone _____

Please, read carefully.

I understand that my utility bill will be due on the _____ of each month and should be paid within 15 days and a late charge of 10 percent will be added after the due date. Service will be disconnected if not paid within 20 days from the date the bill is mailed. A connection fee will be charged before utilities will be turned back on. Utilities will be disconnected upon finding that the structure served has been or is being used for the manufacturing of any controlled substance, as provided by Sec. 21-27 et seq. Code of Ordinance.

Notice: A false statement in this application could result in disconnection of power!
I have received a copy of the underground gas piping maintenance form.

Date _____ Customer's signature _____

Office use only

Deposit number _____ Date _____ Clerk's signature _____

Bad debt shown _____ Amount due _____ Amount paid _____

Remarks _____
