**New Service Application**

Type of Account: Residential / Commercial / Industrial

Does the Allen Parish Water District 1 have your consent to enter your contact information into an automatic utility calling system? Yes or No Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.L. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer or Source of Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse or Relative’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse /Relative’s Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant \_\_\_\_owns \_\_\_\_rents \_\_\_\_leases - the location at which service is requested. (Check one)

Have you ever received service from our company? (Please check one) \_\_\_\_yes \_\_\_\_no, if yes, list

Previous Service Address (es):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BILLS ARE SENT OUT ON THE 1ST OF EVERY MONTH.

BILLS ARE DUE BY THE 15TH TO AVOID LATE CHARGES.

BILLS THAT ARE NOT PAID BY THE 25TH WILL BE DISCONNECTED ON THAT DAY.

WE DO NOT SEND OUT DISCONNECTION NOTICES.

IF YOUR SERVICE IS DISCONNECTED, A DISCONNECT FEE OF $50 PLUS BILL IS DUE BEFORE RECONNECTED.

**I HEREBY APPLY FOR UTILITY SERVICE AT THE ABOVE ADDRESS AND AGREE TO USE AND PAY THEREFORE IN ACCORDANCE**

**WITH THE RATES, RULES AND REGULATIONS LEGALLY IN EFFECT FOR ALLEN PARISH WATER DISTRICT 1. I WILL BE**

**RESPONSIBLE FOR ALL THE WATER BILLS DUE TO THE ALLEN PARISH WATER DISTRICT 1 INCURRED AT THE ABOVE**

**ADDRESS.**

Signature of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information but are encouraged to do so. This information will not be used to evaluate your application or to discriminate against you. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E**thnicity:** \_\_\_Hispanic or Latino \_\_\_Not Hispanic or Latino **Race:** \_\_\_ White\_\_\_ Asian \_\_\_\_Black or African American

**Gender:** \_\_\_Male \_\_\_Female \_\_\_ America Indian \_\_\_ Native Hawaiian or Other Pacific Islander

**FOR OFFICE USE ONLY** **Is there a BALANCE on Previous Accounts?** Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_\_\_\_\_\_\_\_\_\_\_ Water Deposit Paid: $\_\_\_\_\_\_\_\_\_ Date Paid: \_\_\_\_\_\_\_\_ Meter Reading. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy of ID or Driver’s License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Added Contact Info to Alert System \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Initials) (Initials)

*“Equal Opportunity Employer”*

**Notice to all Utility Customers for the Allen Parish Water District 1, Louisiana**

**\*\*\*UTILITES ARE DUE BY THE 15TH OF EACH MONTH- NO EXCEPTIONS**

Any payment received after the 15th is considered late and will incur a late fee on the total bill. Utility Disconnects are done on the **25th of** each month. Payment must be received online or in drop box **BEFORE** the 25th. If the service disconnected, you will be required to pay a **$50.00 disconnect fee** plus the total amount owed before utilities are reconnected.

**Services will only be reconnected during regular business hours**

**Monday-Friday 9 am – 12 pm. Phone: 318-335-9800**

You can make a payment online at [www.apwd1.com](http://www.apwd1.com)

We accept debit, check, or money order

**The Dropbox for payment is located at the office location for after-hours**

**NO CASH PAYMENTS**

*“Equal Opportunity Employer”*