

**CITY OF THIBODAUX  
COMMERCIAL UTILITY APPLICATION**

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

BUSINESS NAME:		BUSINESS TYPE	PHONE NUMBER	
SERVICE ADDRESS	STREET NUMBER	STREET NAME	CITY, STATE	ZIP
MAILING ADDRESS	STREET NUMBER / P.O. BOX	STREET NAME	CITY, STATE	ZIP
OWNER'S NAME: (REPOSIBLE PARTY)		PHONE NUMBER	BILL OPTION: MAILED: ___ EMAILED: ___ BOTH: ___	
PERSONAL ADDRESS	STREET NUMBER	STREET NAME	CITY, STATE	ZIP
DRIVER'S LICENSE NUMBER		SOCIAL SECURITY # OR TAX ID #:	E-MAIL ADDRESS:	
EMPLOYER:			PHONE NUMBER	
EMPLOYER ADDRESS	STREET NUMBER	STREET NAME	CITY, STATE	ZIP
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 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: \_\_\_\_\_