

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, and garbage and recycling service information.

I hope you will find this information useful. If you need further assistance regarding Utility services, please contact our Utility Billing & Collections Office at (985) 446-7274, 446-7228 or 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 Tommy Eschete*

CITY OF THIBODAUX

UTILITY SERVICE INFORMATION

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.

UTILITY BILLS CAN BE PAID IN ONE OF THE FOLLOWING WAYS:

1. By Direct Payment: (recommended)
(Payments are drafted against your bank account)
2. Utility Bills can be paid by mail to:
City of Thibodaux
Collections Office
P.O. Box 5418
Thibodaux, La 70302
3. Utility Bills can be paid in person at one of the following locations:
 - a. 310 West 2nd St., Thibodaux, LA 70301
 - b. Utility Service Window - Room 102
 - c. Utility Drive up Window
 - d. Night Drop Boxes (2 locations):
 1. In front of City Hall at 310 West 2nd Street. Utility payments picked up once daily at 8 A.M.
 2. In front of Stark Municipal Complex at 1309 Canal Blvd.
***Utility payments picked up daily at 8 A.M. (all payments after 8 A.M. are posted the next working day)
4. Online at The City of Thibodaux's Website:
www.ci.thibodaux.la.us

ALL PAYMENTS RECEIVED AFTER 4:00 PM WILL BE POSTED ON THE NEXT BUSINESS DAY
Forms of payment accepted: cash, checks, and money orders, Visa or MasterCard

Collection Hours: Monday thru Friday

8:00 a.m. – 4:00 p.m. Inside Service Window

8:00 a.m. – 4:30 p.m. Drive Up Window

UTILITY DEPOSIT INFORMATION

Residential (owner)	Gas	\$ 25.00	Water	\$ 25.00
Residential (renter)	Gas	\$ 50.00	Water	\$ 50.00
Commercial (office)	Gas	\$ 55.00	Water	\$ 55.00
Commercial (small business)	Gas	\$ 100.00	Water	\$ 100.00
Commercial (food/liquor served)	Gas	\$ 250.00	Water	\$ 250.00
All other deposits:	Gas	\$ 55.00	Water	\$ 55.00

If you need any information about your billing or payment options contact:

Julie Legendre, Collections Assistant (985) 446-7228
Rachel Mack, Collections Supervisor (985) 446-7204
Georgia Thibodaux, Collections Assistant (985) 446-7274

Utility Collections Office

Fax# (985) 448-5840

**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:	
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?		

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