

**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:	
				BILL OPTION: MAILED: _____ EMAILED: _____ 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?		

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

REVISED APRIL 2009