**TOWN OF OAK GROVE, LOUISIANA**

**CUSTOMER REQUEST FOR SERVICES APPLICATION AND DEPOSIT INFORMATION FORM**

**SECTION (A) TO BE COMPLETED BY APPLICANT:**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NEW SERVICE ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OLD SERVICE ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE SERVICE DESIRED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )TRAILER/MOBILE HOME ( )HOUSE

**HAVE YOU EVER HAD SERVICE WITH THIS COMPANY IN THE PAST?**

**( )YES ( )NO**

**SECTION (B) TO BE COMPLETED BY *RESIDENTIAL* SERVICE APPLICANT:**

HOME PHONE# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRIVER’S LICENSE#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE ISSUED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY#\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WORK PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU RENTING AT THIS SERVICE ADDRESS? ( )YES ( )NO.

IF YOU CHECKED YES, PLEASE HAVE A COPY OF YOUR RENTAL AGREEMENT OR LEASE TO TURN IN WITH THIS APPLICATION.

RENTAL AGENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RENTAL AGENT’S PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION (C) TO BE COMPLETED BY *COMMERCIAL* APPLICANT:**

( )BUSINESS ( )PRIVATELY OWNED ( )PARTNERSHIP ( )INCORPORATED

OWNER’S NAME OR BUSINESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TAX ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT PERSON\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SERVICE ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/STATE/ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DRIVER’S LICENSE#/STATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By signing this form, I state that I understand and have received the utility service policy.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign Date

**AGREEMENT:**

I, the undersigned, hereby make application to the TOWN OF OAK GROVE, for water/sewer service. I agree to pay for such services at regular published rates and in accordance with rule and regulations, all as approved by the Louisiana Public Service Commission, which are made a part thereof. I agree to use such service for my own purposes and agree not to sell or donate any part of same or permit it to be used for any other purpose. I agree that duly authorized agents and employees of said TOWN OF OAK GROVE, shall have access to my premises at all reasonable hours for the purpose of installation or removal of meters and inspection of equipment incident to carrying out this agreement and I further agree to hold the TOWN OF OAK GROVE harmless from any claims, real or alleged, for loss or damage to property or persons arising out of the delivery of service beyond the point of metering. I agree to give said TOWN OF OAK GROVE, notice when I cease to occupy said premises and I desire service discontinued. In event of failure on my part to comply with the terms and conditions of this agreement, I agree that said TOWN OF OAK GROVE, or its representatives, may discontinue service hereunder without further notice to me and that such discontinuance will not constitute a waiver of any claims against me for prior service hereunder by said TOWN OF OAK GROVE.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(customer) recognizes water service will be turned on to the property of this agreement **ONLY IF OWNER/TENANT IS PRESENT AT THE PROPERTY.** If no one is home, the meter will be unlocked, and you will need to turn on at meter.

**Customer Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE:** Service connections can be made Monday-Friday, excluding Holidays, between the hours of 8:00am and 3:30pm.

**Bill due dates are the 10th of each month. Late fees begin on the 11th of each month. Disconnects are on the 21st of each month.**

|  |
| --- |
| **FOR OFFICE USE ONLY** |
| Deposit Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Meter # \_\_\_\_\_\_\_\_\_Reading\_\_\_\_\_\_\_\_\_\_Work Done by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Eff. Dt. Of Svc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Receipt Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_Cash \_\_Check  |   |   |

**Backflow and Cross Connection Service Agreement**

Town of Oak Grove Water System is responsible for protecting the drinking water supply from contamination or pollution which could result from improper private water distribution system construction or configuration. The purpose of this service agreement is to notify each customer of the restrictions which are in place to provide this protection. The utility enforces these restrictions to ensure public health and welfare. Each customer must sign this agreement before water service is provided to the customer. This Policy addresses the State of Louisiana Sanitary Code (LAC Title 51:XII and Title 17:1) that states a public water system shall have no uncontrolled cross-connection to a pipe, fixture, or supply, any of which contain water not meeting provisions of the safe drinking water regulations.

**Restrictions:**

1. Customer agrees there shall at no time be more than one (1) water service connected to the water service meter and/or water service line. This includes house, mobile homes, travel trailers, etc.
2. No direct connections between the water supply and a potential source of contamination are permitted.
3. Potential sources of contamination shall be isolated from the Town of Oak Grove Water System by air-gap or appropriate backflow prevention device.
4. The customer shall be responsible for ensuring that no cross connection exists without approved backflow protection within the customer's premises starting at the point of service from The Town of Oak Grove Water System.
5. The customer at his/her own expense shall correct any malfunctions of a backflow protection device or method that occurs or has been found to occur, or is revealed by periodic testing.
6. Swimming Pool owners are required to install hose bib vacuum breakers for pools filled by a garden hose.
7. To make sure that no harmful materials are drawn back into the garden hose, a vacuum breaker should be installed on each hose bib.

**ENFORCEMENT**

If the customer fails to comply with the terms of the Service Agreement, the Water System shall, at its option, terminate water service or properly install, test, and maintain an appropriate backflow prevention device at the service connection. Any and all expenses associated with the enforcement of this agreement shall be billed to the customer.

**I have read and fully understand this agreement.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date