# PARISH OF ASCENSION

## DEPARTMENT OF PUBLIC UTILITIES

Clint Cointment
Parish President

APPLICATION FORM

Meter No.: _____ Open Reading: _____

Account No.: _____ Route: _____

Task No.: _____

**Name:** _____

**Mailing Address**: _____

Owner: _____ Tenant: _____ Home Phone: _____

Residential: _____ Commercial: _____ Cell Phone: _____

The undersigned has deposited with Ascension Parish Waterworks District No. 1 the sum of $_____ to secure the payment of any bills due or which may become due by said customer and for the safe return of all property belonging to ACUD #1 installed on said premises or elsewhere.

Installation and reconnect fees are not refundable and meter deposits are not interest bearing.

Depositor: _____ Date: _____

Ascension Paris Waterworks District No. 1 Representative: _____

**The Deposit Receipt Is Not Negotiable, Transferable OR Assignable In Any Manner**

**Post Office Box 1038, Donaldsonville, LA 70346-1038**

**Telephone (225)450-1200**

# PARISH OF ASCENSION

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Clint Cointment
Parish President

The undersigned makes application to the Parish of Ascension requesting drinking water service from ACUD #1, Parish of Ascension, State of Louisiana for above referenced property.

The undersigned agrees and binds himself to pay for the water registered by the meter, which includes all late charges that may incur in accordance with the water rates now in force or hereafter established by the Parish of Ascension to conform to all legislative acts and rules. Until such time as the undersigned notifies ACUD #1 the desire to terminate the service is requested.

The undersigned pays the amount of $_____ (see "AA" amount pg 2) as a new service charge that is NON_REFUNDABLE. These fees are required for the installation and connection of a new service tap and associated metering devices.

The undersigned pays a REFUNDABLE deposit in the amount of $_____ (see "BB amount pg 2) that will be refunded upon the termination of service and receipt of all debt for the services. Deposits are not negotiable, transferrable or assignable in any manner. This deposit is necessary to secure the payment of any bills not paid upon termination of service and for the safe return of all property belonging to Ascension Parish ACUD #1 installed on said premises or elsewhere. Deposits are not interest bearing.

_____ _____

PRINT NAME SIGNATURE

# PARISH OF ASCENSION

**DEPARTMENT OF PUBLIC UTILITIES**

Clint Cointment
Parish President

ASCENSION CONSOLIDATED UTILITIES DISTRICT #1
419 MEMORIAL DR
P.O. BOX 1038
DONALDSONVILLE, LA 70346
(225)450-1200

## APPLICATION FOR NEW WATER SERVICE

Date_____

Use: (Circle one) RESIDENTIAL COMMERCIAL INDUSTRIAL

Size line (Circle one) 5/8 inch 3/4 inch 1 inch 2 inch

Use Description: Describe the Business Type (example: grocery, beauty salon, etc.): _____

Physical Address: _____

Description of Building (color, building type, etc. to help identify correct building)

_____

OWNER OF PROPERTY- CONTACT INFORMATION

First Name: _____

Last Name: _____

Address: _____

Phone: _____

Phone (alt): _____

Email: _____

Ascension Consolidated Utilities District # 1

P.O. Box 1038

Donaldsonville, La 70346

## Customer Deposit receipt

Account No.: _____

Home Phone_____

Work Phone_____

Date_____

Name_____

Residential_____

Owner_____ Tenant_____

Commercial_____

Mailing Address_____

_____

_____

The undersigned has deposited with the Ascension Parish Waterworks District No. 1 the sum of _____dollars, ($_____) to secure the payment of any bills due or which may become due by said customer and for the safe return of all property belonging to Ascension Parish Waterworks District No. 1 installed on said premises or elsewhere.

Installation and reconnect fees are not refundable, and meter deposits are not interest bearing.

Depositor: _____

Ascension Parish Waterworks District No.1: _____

**This Deposit is not negotiable, transferrable or assignable in any manner.**

# PARISH OF ASCENSION

## DEPARTMENT OF PUBLIC UTILITIES

Clint Cointment
Parish President

ASCENSION CONSOLIDATED UTILITIES DISTRICT #1
P.O. BOX 1038
DONALDSONVILLE, LA 70346
(225) 450-1200

DATE_____

THE UNDERSIGNED HEREBY MAKES APPLICATION TO ACUD #1 OF THE PARISH OF ASCENSION. STATE OF LOUISIANA, OFF WATER TO BE USED AT THE PREMISES LOCATED _____

THE UNDERSIGNED AGREES AND BINDS HIMSELF TO PAY FOR THE WATER REGISTERED BY THE METER, WHICH INCLUDES ALL LATE CHARGES THAT MAY INCUR IN ACCORDANCE WITH THE WATER RATES NOW IN FORCE OR HEREAFTER ESTABLISHED BY THE ACUD #1 BOARD AND TO CONFORM TO ALL LEGLISLATIVE ACTS AND RULES AND REGULATIONS OF SAID BOARD OF ACUD #1 GOVERNING THE CONSUMPTION OF WATER UNTIL SUCH TIME AS THE UNDERSIGNED NOTIFIES THE SAID BOARD OF HIS DESIRE TO TERMINATE THE SERVICE HEREBY REQUESTED.

THE UNDERSIGNED HEREWITH PAYS THE SUM OF $_____ AS A SERVICE CHARGE ON THE WATER SERVICE TO BE INSTALLED. THIS INSTALLATION SERVICE CHARGE IS NON-REFUNDABLE.

CONTACT INFORMATION

NAME_____ MAILING ADDRESS_____

HOME PHONE_____ CELL PHONE_____

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

Hispanic or Latino Not Hispanic or Latino
Male Female
American Indian or Alaskan Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White

# PARISH OF ASCENSION

## DEPARTMENT OF PUBLIC UTILITIES

Clint Cointment
Parish President

**OCCUPANT OF BUILDING-CONTACT INFORMATION**

First name: _____

Last Name: _____

Address: _____

Phone number: _____

Phone (alt): _____

Email: _____

**New Tap Fees**

| | |
|---|---|
| Meter Hookup | $30.00 |
| 5/8 – inch | $540.00 |
| 3/4 - inch | $540.00 |
| 1 -inch | $600.00 |
| 2 - inch | $720.00 |

"AA" TOTAL NEW SERVICE FEE=

**REFUNDABLE DEPOSIT**

| | |
|---|---|
| Meter Hookup | $120.00 |
| 5/8 – inch | $120.00 |
| 3/4 - inch | $120.00 |
| 1 -inch | $180.00 |
| 2 - inch | $360.00 |

"BB" TOTAL DEPOSIT AMOUNT=