



Utility Services Residential Application



APPLICANT INFORMATION

Name: Married: Single: Service Address: Drivers License No: Telephone No.: Date of Birth: Mailing Address: Social Security No.: City: State: ZIP:

Would You Like Te Receive An Electronic Copy of Your Bill? YES No Email Address:

ADDITIONAL INFORMATION

Customer Owned: Rental Property: Name of School: Classified As Full Time: Part Time: Current Employer: Position Held: Employer Telephone No.: Length of Employment: Employer Address: City: State: ZIP: Reference Name: Reference Telephone No.: Reference Address: City: State: ZIP: Emergency Phone No.: Name of Bank:

UTILITY APPLICATION AGREEMENT

I understand that the net bill is due 15 days after the bill date. The gross amount is due after 16 days. If the gross amount is not paid by 25 days after the bill date, service will be discontinued and a reconnection fee will be charged. I understand that I am to make proper arrangements with the Customer Service Office if I am out of town during the paying periods in order to prevent utility disconnection. I further understand that my deposit will be held by the City for a minimum of two years. Customers with good payment history may request a refund of their deposit after this time. Failure to receive bill does not excuse customer from responsibility to pay bill on or before due date. I affirm that I am the owner of the property for which utility services are requested and/or have express legal authority to occupy said property and request such services and agree to indemnify and hold harmless the City from any liability relating to the authority to occupy said property or request such services. I understand that providing false information may result in disconnection of utility services.

Applicant Signature: Date:

FORM INSTRUCTIONS

The primary applicant must deliver completed applications to the City of Ruston Customer Service Center located on the south side of Ruston City Hall at 401 North Trenton Ave. A Customer Service Representative will review the application and determine deposit requirements. Positive proof of identification will be required.

OFFICE USE ONLY

Service Date: Work Order No: Transfer: New Service: DL: C/A: Account No.: Deposit \$: Receipt No.: Bank Draft: Yes No: Customer No.: CSR Signature: Date: