



# Commercial Application for Utility Services

**RUSTON**  
Customer Service  
(318) 251-8675

### APPLICANT INFORMATION

Business Name: \_\_\_\_\_ Business ID No.: \_\_\_\_\_  
 Service Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Website: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### RESPONSIBLE PARTY INFORMATION

Owner:  Employee:  Corporate:   
 Name: \_\_\_\_\_ Drivers License No: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Emergency No.: \_\_\_\_\_ Name of Bank: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
 City: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### SERVICES DESIRED

Electricity:  Water:  Sewer:  Refuse:

### PROPERTY INFORMATION

Customer Owned Property:  Rental Property:   
 Property Owner Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Property Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### 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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FORM INSTRUCTIONS

Completed applications must be delivered by the responsible party 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  \_\_\_\_\_ DL  C/A   
 Account No.: \_\_\_\_\_ Deposit  \_\_\_\_\_ Receipt No.: \_\_\_\_\_ Bank Draft: Yes  No   
 Customer No.: \_\_\_\_\_  
 CSR Signature: \_\_\_\_\_