

TOWN OF KINDER
UTILITY DEPARTMENT
APPLICATION FOR UTILITY SERVICE
ACCOUNT NO. _____

P.O. Box 947
333 N. 8th Street
(337)738-2620
www.townofkinder.com

PLEASE COMPLETE THE FOLLOWING INFORMATION:

BILLING NAME _____
LAST FIRST M.I.

SERVICE ADDRESS _____

MAILING ADDRESS (if different) _____
CITY STATE ZIP CODE

EMAIL ADDRESS _____

DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ DRIVER'S LICENSE NO. _____

EMPLOYER _____ WORK PHONE _____

HOME PHONE _____ CELL PHONE _____

SPOUSE NAME _____

The following information is requested by the Federal Government for certain types of assistance in order to monitor the program's compliance with equal opportunity. You are not required to furnish this information, but are encouraged to do so. The law requires that a provider may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, this provider is required to note race/ethnicity on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.

_____ I do not wish to furnish this information

ETHNICITY:

_____ Hispanic or Latino

_____ Not Hispanic or Latino

RACE:

_____ American Indian/Alaska Native

_____ Native Hawaiian or Other Pacific Islander

_____ Asian

_____ White

_____ Black or African American

_____ Other

GENDER:

_____ Male

_____ Female

1ST TIME SERVICE IN KINDER? _____ IF NOT, WHAT ADDRESS? _____

APPLYING FOR:

_____ GAS (\$150.00) _____ WATER (\$75.00) _____ SEWER (Deposit included with Water Deposit)

Please fill out front and back.

REQUESTED START DATE FOR SERVICES _____

BILLS ARE SENT OUT ON THE **1ST** OF EVERY MONTH.

BILLS ARE DUE BY THE **15TH** TO AVOID LATE CHARGES.

BILLS THAT ARE NOT PAID BY THE **20TH** WILL BE DISCONNECTED BEGINNING ON THE **21ST**.

WE **DO NOT** SEND OUT DISCONNECT NOTICES.

IF YOUR SERVICES ARE DISCONNECTED, A RECONNECT FEE **PLUS** THE AMOUNT OF YOUR BILL, WILL NEED TO BE PAID BEFORE THE SERVICE IS RECONNECTED.

PLEASE MAKE SURE THAT THE CORRECT 911 ADDRESS NUMBERS ARE POSTED ON THE RESIDENCE

I HEREBY APPLY FOR UTILITY SERVICE AT THE ABOVE PREMISES AND AGREE TO USE AND PAY THEREFORE IN ACCORDANCE WITH THE RATES, RULES AND REGULATIONS LEGALLY IN EFFECT AND ON FILE AT KINDER MUNICIPAL BUILDING. CITY ORDINANCE REQUIRES A DEPOSIT FOR EACH AND EVERY ACCOUNT. IF THE ACCOUNT IS CLOSED, THE DEPOSIT IS APPLIED TO THE FINAL BILL OR RETURNED. I AM RESPONSIBLE FOR MAKING SURE THAT ALL FAUCETS ARE TURNED OFF IN THE HOME BEFORE THE SERVICE IS ESTABLISHED. THE TOWN OF KINDER IS NOT LIABLE FOR DAMAGES CAUSED BY WATER FAUCETS LEFT ON. I UNDERSTAND THAT NON-PAYMENT OF MY ACCOUNT WILL RESULT IN DISCONTINUATION OF SERVICE.

SIGNATURE

DATE