

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

P.O. Box 947
333 N. 8th Street
(337)738-2620
townofkinder@centurytel.net

PLEASE COMPLETE THE FOLLOWING INFORMATION:

BILLING NAME _____
LAST FIRST M.I.

SERVICE ADDRESS _____

MAILING ADDRESS (if different) _____
CITY STATE ZIP CODE

DATE OF BIRTH _____

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

EMPLOYER _____ WORK PHONE _____

HOME PHONE _____ CELL PHONE _____

SPOUSE NAME _____

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

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against customer applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating 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, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

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