

**CITY OF PLAQUEMINE**  
**City Light and Water Office**

P. O. Box 777 • Plaquemine, LA 70765-0675 • (225) 687-3725 • Fax (225) 687-7418

Website: [www.plaquemine.org](http://www.plaquemine.org)

**COMMERCIAL UTILITY APPLICATION**

PICTURE IDENTIFICATION, SOCIAL SECURITY CARD, DEPOSIT, RENT RECEIPT OR PURCHASE AGREEMENT REQUIRED

Business Name:	Tax I.D. Number:
Business Type:	Business Phone Number:
Service Address:	E-Mail Address:
Billing Address:	
Owner's Name (Responsible Party):	Driver's License Number:
Personal Address:	Social Security Number:
Rent <input type="checkbox"/> Own <input type="checkbox"/>	Rental Agent's Name & Phone Number:
Have you had service with the City before? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list property address:

<b>Services Desired:</b>  Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/>	<u>For office use only:</u> Work Order #: _____  Date of work order: _____
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The undersigned hereby requests the City of Plaquemine (hereinafter called the CITY) to render utility services at the above service address, and agrees to receive from and pay City for all such services required on the premises at the above and at subsequent addresses designated by the undersigned to which undersigned may remove, including any and all attorney and collection fees should it become necessary, in accordance with the applicable rate and with service Rules and Regulation of the City.

The undersigned agrees that the City has no obligation to accept this request if the premises at the above address are not located adjacent to lines of the City from which the requested service may be readily rendered, and the City shall be under no obligation to serve undersigned at any future address to which undersigned at any future address to which undersigned may remove if said address is not located. Undersigned further agrees that if the City renders the service herein requested that this request shall become a contract between the undersigned and the City, and the payment for services is due upon receipt of billing.

I, the undersigned, do swear that to the best of my ability the information given above to be truthful and accurate.

\_\_\_\_\_   
Customer Signature

\_\_\_\_\_   
Date