

**CITY OF OPELOUSAS
METER DEPOSIT FOR NEW SERVICE**

Date: _____

APPLICATION:

Applicant: _____

*S.S. # _____

Phone #: _____

*Driver's License #: _____

Email Address: _____

Service Address: _____

Mailing Address: _____

CERTIFICATION

This will certify that I agree to pay to the City of Opelousas, all water and sewer bills within five (5) days of due date of said bills. I understand that failure to adhere to this agreement will result in having my utility services discontinued without prior notice. This will also certify that I will, upon moving from above address, come into the City Hall Water Department in order to sign a "Request For Disconnection of Service" form, and that I will provide my forwarding address to this office at that time.

Applicant's Signature _____

METER DEPOSIT:

Deposit: \$134 + Non-Refundable Service Fee \$17.50 = \$151.50

Transfer Fee: \$25 + any outstanding balance

Date Verified _____

Account Number Assigned _____

Clerk's Name _____

DEPOSIT TRANSFERRED FROM: _____ ON _____ DAY OF _____, 20____

***NOTICE: Copies of applicant's Social Security Card and a valid photo ID must be presented with application.**

Printed Name