JAMES FRIDAY
MAYOR

STEPHANIE SULLIVANT-COLLIER
CAO/ TOWN CLERK

TOWN OF BENTON
LOUISIANA

Date: _____ Date water to be turned on: _____

Name: _____ SSN: _____DOB: _____

Driver's License #: _____ State issued: _____

Place of employment: _____ Phone #: _____

Spouse: _____SSN: _____DOB: _____

Driver's License #: _____ State issued: _____

Service Address: _____

Mailing Address: _____

Home #: _____ Cell #: _____ Work #: _____ Email: _____

Select one: House Apartment Mobile Home Select one: Renting Own

If renting, name and phone number of landlord: _____

Have you previously received utility service from the Town of Benton? Yes No If Yes, when? _____

IMPORTANT NOTICE: Customer assumes responsibility to ensure that all valves are off inside the residence prior to service turn on. Someone must be present for water to be turned on. IT IS THE CUSTOMER'S RESPONSIBILITY TO DISCONNECT SERVICE IF HE/SHE SHALL MOVE OR SELL THE HOME.

SIGNATURE: _____

FOR OFFICE USE ONLY

Account #: _____ Deposit date: _____
Customer # Location #

Deposit Receipt #: _____ Amount: _____ Check #: _____

TAP Receipt #: _____ Amount: _____ Check #: _____

Water/WAF (CIAF) Receipt #: _____ Amount: _____ Check #: _____

Sewer/SAF (CIAF) Receipt #: _____ Amount: _____ Check #: _____

Meter Reading: _____Previous Occupant Reading: _____

Meter #: _____ Water _____ Sewer _____ Garbage _____ SDWP _____

☐ Request Read	☐ Sprinkler
☐ Mailing Address	Transfer: Yes / No
☐ Post Deposit	☐ Transfer Deposit
☐ Change Codes	☐ Transfer Address
☐ Copy Receipt	☐ Transfer Location #
☐ System Search	