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SHELLY HORTON JR.
MAYOR



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CLERK

TOWN OF BENTON

LOUISIANA

P O Box 1390 Benton, Louisiana 71006

BULK WATER APPLICATION

DATE: _____ DATE FOR METER TO BE INSTALLED: _____

COMPANY NAME: _____

NAME: _____

LOCATION OF HYDRANT: _____

MAILING ADDRESS: _____

PHONE #: HOME: _____ CELL: _____ WK: _____

TAX ID #: _____ (IF APPLICABLE)

DRIVER'S LICENSE #: _____ STATE: _____

HAVE YOU PREVIOUSLY RECEIVED SERVICE FROM THE TOWN OF BENTON?

YES _____ NO _____ IF YES, WHEN? _____

IMPORTANT NOTICE: *It is customer's responsibility to inform the Town of Benton when job is complete or when finish with the hydrant or meter so that it can be removed for billing.*

SIGNATURE _____

FOR OFFICE USE ONLY

DATE INSTALLED: _____ DATE REMOVED: _____

DATE BILLED: _____ DATE RECEIVED PAYMENT: _____

METER #: _____ START READING: _____

AMOUNT BILLED: _____ FINAL READING: _____

TOTAL USAGE: _____