

**Town of Benton Water Sewer System**

Mailing Address: P O Box 1390
Benton, Louisiana 71006

Physical Address: 105 Sibley Street, Benton
Phone: 318-965-2781

Applicant 1: Date of Application: _____

Applicant (1) Full Name: _____

() _____ - _____ Cell / () _____ - _____ Home

Driver License No. _____ State _____

Social Security No. _____

Applicant (1) Place of Employment: _____

() _____ - _____ Work Number

Applicant 2: Spouse or Additional Occupant(s) Authorization

Applicant (2) Full Name: _____

() _____ - _____ Cell / () _____ - _____ Home

Applicant (2) Place of Employment: _____

() _____ - _____ Work Number

Service: Turn on Date: _____

Service Type:

☐ Primary ☐ Irrigation ☐ Sewer Only ☐ Water Only

Service Address: ☐ I Own this Property ☐ I Rent this Property

Mailing Address: _____

Renters:

Landlords Name: _____

Landlords Contact Number: () _____ - _____

☐ Mobile Home ☐ Rent House

For Office Use Only:

Acc # / Location # _____

Deposit Date _____

Deposit Receipt #. _____ Ck #. _____ Paid \$ _____

Tap Receipt #. _____ Ck #. _____ Paid \$ _____

WAF Receipt #. _____ Ck #. _____ Paid \$ _____

SAF Receipt #. _____ Ck #. _____ Paid \$ _____

Meter Purchase \$ _____ Meter # _____

Receipt #. _____ Ck #. _____

Current Meter Reading: _____ Read Date: _____

Prev. Occupant Reading _____ Read Date: _____

Services:

☐ Water ☐ Sewer ☐ Garbage ☐ SDWP

Check List:

Copy of: ☐ Valid DL or Photo ID ☐ Lease

☐ Receipt ☐ Request Read

☐ System Search ☐ Post Deposit

☐ Change Codes ☐ Sprinkler/ Irrigation

Transfer: ☐ Yes ☐ No

Transfer ☐ Deposit ☐ Address ☐ Location #

Applicant Signature:

Signature

Additional Signature: When Applicable

Signature