



Utility Services Commercial Application

RUSTON
Customer Service
(318) 251-8675

APPLICANT INFORMATION

Business Name: _____ Business ID No.: _____
 Service Address: _____ Fax No.: _____
 Telephone No.: _____ E-Mail: _____
 Mailing Address: _____ Website: _____
 City: _____ State: _____ ZIP: _____

Would You Like to Receive An Electronic Copy of Your Bill? Yes No

RESPONSIBLE PARTY INFORMATION

Owner: Employee: Corporate:

Name: _____ Drivers License No: _____
 Telephone No.: _____ Date of Birth: _____
 Emergency No.: _____ Name of Bank: _____
 Mailing Address: _____ Social Security No.: _____
 City: _____ STATE: _____ ZIP: _____

PROPERTY INFORMATION

Customer Owned Property: Rental Property:

Property Owner Name: _____ Telephone No.: _____
 Property Owner Address: _____ City: _____ State: _____ ZIP: _____

UTILITY APPLICATION AGREEMENT

I understand that the net bill is due 15 days after the bill date. The gross amount is due after 16 days. If the gross amount is not paid by 25 days after the bill date, service will be discontinued and a reconnection fee will be charged. I understand that I am to make proper arrangements with the Customer Service Office if I am out of town during the paying periods in order to prevent utility disconnection. I further understand that my deposit will be held by the City for a minimum of two years. Customers with good payment history may request a refund of their deposit after this time. Failure to receive bill does not excuse customer from responsibility to pay bill on or before due date. I affirm that I am the owner of the property for which utility services are requested and/or have express legal authority to occupy said property and request such services and agree to indemnify and hold harmless the City from any liability relating to the authority to occupy said property or request such services. I understand that providing false information may result in disconnection of utility services.

Applicant Signature: _____ Date: _____

FORM INSTRUCTIONS

Completed applications must be delivered by the responsible party to the City of Ruston Customer Service Center located on the south side of Ruston City Hall at 401 North Trenton Ave. A Customer Service Representative will review the application and determine deposit requirements. Positive proof of identification will be required.

OFFICE USE ONLY

Service Date: _____ Work Order _____ DL C/A
 Account No.: _____ Deposit _____ Receipt No.: _____ Bank Draft: Yes No
 Customer No.: _____
 CSR Signature: _____

