



7 DAY LANDLORD PLAN
Apartment Complex or Rental Unit
Application for Services

CUSTOMER SERVICE
P. O. BOX 307
RUSTON, LA 71273-0307
(318-251-8675
FAX: (318) 251-8684

APPLICATION INFORMATION

Name of Apartment Complex: _____
Name of Rental Agency: _____
Mailing Address: _____
Phone No.: _____
Fax No.: _____

SERVICE REQUEST INFORMATION

Date: _____
Address for Service: _____ Apt./Lot#: _____
Last Known Occupant: _____
Date to be Turned On: _____
Date to be Turned Off: _____
Requested By: _____
(Signature Required)

FOR INSTRUCTIONS

- 1. Complete ALL the information and fax signed application to the Customer Service Office at 318-251-8684
- 2. Service Request MUST be received by 12:00 pm for same day service. Requests received after this time will be processed the next business day.

CUSTOMER SERVICE DEPARTMENT USE ONLY

Account No.: _____ Landlord Account No.: _____
Customer No.: _____

ENTERED BY STAMP

COMPLETED BY STAMP