



Utility Service Residential Application

CUSTOMER SERVICE

401 N. TRENTON AVE
RUSTON, LA 71270
318-251-8675

APPLICANT INFORMATION

Customer Name: _____ Requested Turn on Date: ____/____/____

Service Address: _____ Married: Single:

Telephone No.: _____ DL# or State ID#: _____
STATE NUMBER

Mailing Address: _____ Date of Birth: ____/____/____

If mailing address is the same as service address check the Social Security No.: ____ - ____ - ____
box, if different provide address in the space above.

VISA/Passport No: _____

City: _____ State: _____ Zip: _____

Would You Like to Receive An Electronic Copy of Your Bill? Yes No Email Address: _____

ADDITIONAL INFORMATION

Customer Owned: Rental Property:

Name of College: _____ Classified as Full Time: Part Time:

Current Employer: _____ Position Held: _____

Employer Telephone No.: _____ Length of Employment: _____

LIST TWO NON RESIDENT REFERENCES

¹Reference Name: _____ Reference Telephone No.: _____

²Reference Name: _____ Reference Telephone No.: _____

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 of 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

The primary applicant must deliver completed applications 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

Requested Service _____ Work Order _____ Home Owner: DL:

Turn on Date: ____/____/____ No: _____ New Service: C/A:

Account No.: _____ Deposit Amounts: _____ Receipt No.: _____

Customer No. _____ \$200 All Electric / All Trailers \$150 Electric & Gas

Optional Added Service: Yes: \$50 Assisted Senior Living \$25 Water Only Bank Draft: Yes: No:

No: Recycle: _____ W/O# _____

CSR Signature: _____ Date: _____