

PLAQUEMINES PARISH WATER DEPARTMENT

PO Box 940, Belle Chasse La 70037
Belle Chasse #504-934-6520 Fax #504-934-6529

ACCOUNT # _____

Reading: _____ Date: _____

SERVICE ID #: _____

WATER SERVICE: ON _____ OFF _____

FEDERAL ID#: _____

EFFECTIVE DATE OF SERVICE: _____

REC'D NOTICE: INITIAL: _____ DATE: _____

Permit Release # _____

Clerk's Initials: _____

Will installations involve crossing a railroad? _____

Signed Harmless Agreement: _____

NEW INSTALLATION 4" METER OR ABOVE

NAME: _____ DATE: _____
LAST NAME FIRST NAME MIDDLE INITIAL

SERVICE ADDRESS: _____
CITY STATE ZIP CODE

MAILING ADDRESS: _____
CITY STATE ZIP CODE

EMAIL ADDRESS: _____

PHONE#: _____ DR. LIC#: _____ STATE _____

RESIDENTIAL OR COMMERCIAL METER SIZE _____ # OF UNITS _____

SEWER: YES OR NO REFUSE: YES OR NO (*IF NO - CONTRACT IS NEEDED*)

SIGNATURE: _____

OFFICE USE ONLY:
SEE ATTACHED LETTER FROM INFRAMARK

DEPOSIT: \$ _____ CK#: _____ CASH: _____ MONEY ORDER: _____ RECEIPT#: _____

PAYMENT: \$ _____ CK#: _____ CASH: _____ MONEY ORDER: _____ RECEIPT#: _____

TAKEN BY: _____ ENT IN COMPUTER BY: _____ DATE: _____ WORK ORDER #: _____ DATE: _____