



## CITY OF HAMMOND

UTILITY BILLING DEPARTMENT

310 E. Charles Street Post Office Box 2788

Hammond, Louisiana 70404

phone 985.277.5615

fax 985.277.5613

website: www.hammond.org

### Commercial Water & Sewer Application

Date of Service Requested: \_\_\_\_\_

Business Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

State/Federal Tax ID #: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Billing Information: Send bill to service address? (Y/N): \_\_\_\_\_

If NO, send bill to

Management or Attention: \_\_\_\_\_

Street or P.O. Box #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Responsible Party (PLEASE DO NOT REPEAT DBA NAME)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

#### TERMS OF SERVICE

\*\*\*\*\*DEPOSITS ARE NON-TRANSFERABLE\*\*\*\*\*

\*Payment is due upon receipt, but no later than the due date.

\*All unpaid balances will receive a penalty charge after penalty date of each month and are subject to disconnection of service.

\*If service has been disconnected for non-payment a \$25 reconnect fee will be assessed prior to reconnection

\*In order for water service to be turned on, you or representative must be on premises. NO EXCEPTIONS!

\*By signing below you will have full responsibility for all damage/tampering of the meter that services this address.

All statements on this application are true and correct. Any information that is found to be incorrect or false will result in the City not providing services until all information has been corrected. I also agree to pay any and all previous water/sewer/garbage/and other charges I have with the City before the City will provide water service under this application. I further agree that failure to pay any charges billed me on my water bill will cause my water service to be disconnected and not reinstated until all balances due the City of water, sewer, garbage and any other charge included on my water account is paid in full.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date