WATER PERMITS (985) 652-3131
ST. JOHN THE BAPTIST PARISH
1811 W. AIRLINE HIGHWAY, LAPLACE, LA 70068
MONDAY – FRIDAY 08:00AM-03:00PM

THE FOLLOWING IS REQUIRED IF YOU ARE BUYING A HOUSE OR TRAILER:

1. PROOF OF OWNERSHIP BY PROVIDING A SIGNED AND DATED COPY OF YOUR PURCHASE AGREEMENT, SETTLEMENT STATEMENT OR CASH SALE
2. A CURRENT PICTURE ID, SUCH AS YOUR DRIVER’S LICENSE, AND YOUR SOCIAL SECURITY CARD OR EIN NUMBER IS REQUIRED
3. FEES INCLUDE A $50 WATER DEPOSIT AND A $10 TECHNOLOGY FEE
4. FORMS OF PAYMENTS ACCEPTED ARE CASH, CHECK OR MONEY ORDER
5. TRAILERS REQUIRE A TITLE OR BILL OF SALE AS PROOF OF OWNERSHIP AND THE FEE IS $100.00 WITH A $10.00 TECHNOLOGY FEE

THE FOLLOWING IS REQUIRED IF YOU ARE RENTING A HOUSE, APARTMENT OR TRAILER:

1. A SIGNED, NON ALTERED AND DATED COPY OF THE RENTAL AGREEMENT & IT CANNOT BE MORE THAN 30 DAYS FROM THE EFFECTIVE DATE OF THE LEASE. THE LEASE MUST BE CLEARLY LEGIBLE. ONCE THE LEASE IS PRESENTED, THE NAMES CANNOT BE CHANGED DUE TO AN OUTSTANDING WATER BILL.
2. A CURRENT PICTURE ID, SUCH AS YOUR DRIVER’S LICENSE, AND YOUR SOCIAL SECURITY CARD OR EIN NUMBER IS REQUIRED
3. TRAILER LEASES REQUIRE A TRAILER TITLE OF OWNERSHIP AND ALSO PROOF OF LAND OWNERSHIP
   A. IF YOU ARE RESPONSIBLE FOR THE WATER PAYMENT, YOU WILL BE REQUIRED TO PAY A $100 WATER DEPOSIT & A $10 TECHNOLOGY FEE
4. FORMS OF PAYMENT ACCEPTED ARE CASH, CHECK OR MONEY ORDER

COMMERCIAL PERMITS DEPOSIT:

PLEASE INQUIRE WITH A UTILITY CLERK REGARDING OUR PROCESS AS FEES ARE DETERMINED BY METER SIZES

***NOTE: ALL WATER ACCOUNTS MUST BE CURRENT OR PAID IN FULL BEFORE A NEW WATER PERMIT CAN BE ISSUED***
CREDIT APPLICATION TO
ST. JOHN PARISH UTILITIES
WATER SERVICE
(FULL NAME REQUIRED)

NAME (PLEASE PRINT) _____________________________ FIRST MIDDLE LAST

WIFE'S OR HUSBANDS NAME ______________________ FIRST MIDDLE LAST

SERVICE ADDRESS
NUMBER STREET APARTMENT NUMBER CITY STATE ZIP

DATE OF APPLICATION ______________ PHONE NUMBER ______________

MAILING ADDRESS IF DIFFERENT FROM SERVICE ADDRESS -
NUMBER STREET APARTMENT NUMBER CITY STATE ZIP

CREDIT INFORMATION

HIS EMPLOYER _____________________ ADDRESS __________________ PHONE ______________

HER EMPLOYER _____________________ ADDRESS __________________ PHONE ______________

RELATIVE'S NAME ___________________ ADDRESS __________________ PHONE ______________

YOUR PREVIOUS ADDRESS ________________________________

DO YOU OWN YOUR HOME OR RENT? ______________ RENTAL AGENT __________________

APPLICANT'S SOCIAL SECURITY NO. ___________________ DRIVER'S LICENSE NO. ______________

CREDIT REFERENCES - 1. __________________________ 2. __________________________
(BANK, HOMESTEAD, DEPARTMENT STORE, ETC.)

THE UNDERSIGNED HEREBY REQUESTS ST. JOHN PARISH UTILITIES (HEREINAFTER CALLED THE COMPANY) TO RENDER WATER SERVICE AT THE ABOVE SERVICE ADDRESS, AND AGREES TO RECEIVE FROM AND PAY COMPANY FOR ALL SUCH SERVICE REQUIRED ON THE PREMISES AT THE ABOVE ADDRESS AND AT SUBSEQUENT ADDRESSES DESIGNATED BY THE UNDERSIGNED TO WHICH UNDERSIGNED MAY REMOVE, IN ACCORDANCE WITH THE APPLICABLE RATES AND WITH THE SERVICE REGULATIONS OF THE COMPANY FOR SO LONG AS THE UNDERSIGNED OCCUPIES OR CONTROLS THE PREMISES AT THE ADDRESS OR ADDRESSES ABOVE MENTIONED AND REQUIRES THE SERVICE SPECIFIED HERIN.

THE UNDERSIGNED AGREES THAT THE COMPANY HAS NO OBLIGATION TO ACCEPT THIS REQUEST IF THE PREMISES AT THE ABOVE ADDRESS ARE NOT LOCATED ADJACENT TO SERVICE LINES OF THE COMPANY FROM WHICH THE REQUESTED SERVICE MAY BE READILY RENDERED, AND THAT COMPANY SHALL BE UNDER NO OBLIGATION TO SERVICE UNDERSIGNED AT ANY FUTURE ADDRESS TO WHICH UNDERSIGNED MAY MOVE IF SAID ADDRESS IS NOT SO LOCATED. UNDERSIGNED FURTHER AGREES THAT IF THE COMPANY RENDERS THE SERVICE HERIN REQUESTED THAT THIS REQUEST SHALL BECOME A CONTRACT BETWEEN THE UNDERSIGNED AND THE COMPANY.

CUSTOMER'S SIGNATURE ____________________________

FOR OFFICE USE ONLY

SPECIAL INSTRUCTIONS OR REMARKS ____________________________

SERVICE DESIRED ON OR BEFORE ____________________________

SERVICE COVERED BY SERVICE ORDER NO. ____________________________

APPLICATION TAKEN BY ____________________________

Revised 02/04
St. John the Baptist Parish Utilities
Water Service Application

Date ___________________________ Building Location ___________________________

Applicant’s Name ___________________________

Mailing Address ___________________________

Subdivision ___________________________

Lot # ________ Square ________

Telephone # ___________________________

Social Security # ___________________________

Building Classification
☐ Residential   ☐ New Structure
☐ Commercial   ☐ Addition
☐ Industrial   ☐ Trailer

Date Deposit Paid ___________ Deposit Paid _________

Technology Fee ___________________________

Parish Representative Signature ___________________________

Signature ___________________________

"The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This will not be used in evaluation of your application, or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race national origin of person/applicant on the basis of visual observation or surname."

Hispanic or Latino | Male | American Indian or Alaskan Native | Black or African American | White
Not Hispanic or Latino | Female | Asian | Native Hawaiian or other Pacific Islander