

City of Denham Springs
UTILITY BILLING DEPARTMENT

941 Government Drive
POB 1629
Denham Springs, LA 70726
Phone 225 667-8330

Denham Springs, LA 70727-1629
Email utilities@cityofdenhamsprings.com

Application for Utility Services – RESIDENTIAL

NOTE: Driver's License or Government Issued Picture ID Required. This application must be submitted in person.

CHECK SERVICES REQUESTED: () WATER () SEWER () GARBAGE/RECYCLING () GAS
PRINT OR TYPE

BILLING NAME _____ PHONE NO.(____) _____
(FULL Legal Name Required)

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

SPOUSE NAME _____ PHONE NO.(____) _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

(√) OWN ___ RENT ___ LANDLORD _____ PHONE NO. (____) _____

If renting, must complete if applicable:

OTHER OCCUPANT _____ PHONE NO. (____) _____

OTHER OCCUPANT _____ PHONE NO. (____) _____

MAILING ADDRESS (No., Street, Apt/Lot, City, Zip) _____

MOST RECENT PREVIOUS ADDRESS _____

UTILITY SERVICE ADDRESS REQUESTED (If Different) _____

SERVICE START DATE REQUESTED _____ COMMENT _____

PREVIOUS OR CURRENT SERVICE UNDER OTHER NAMES OR LOCATIONS IN THE LAST FIVE (5) YEARS:

NAME(S) _____

LOCATION(S) _____

Applicant Signature

Additional Applicant Signature

* * * * *

NOTE: A two-hour appointment time is necessary to connect GAS services. A person of legal age must be at this location during the time requested. If you are not at this address when we arrive, it will be necessary for you to call our office and reschedule your 'light-up' time for a future date.

- A service charge of \$25.00 may be charged for missed appointments -

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY:

Account Number _____ Date _____

Receipt Number _____ Deposit Amount \$ _____

Payment Method: () Cash () Check, Drawn on _____ # _____

() Credit Card- Type _____ # _____ Expires _____