

**PORT VINCENT UTILITIES
18235 LA HWY 16
PORT VINCENT, LA 70726
(225) 698-9891**

DATE: _____

Name: _____ **ssn#** _____

_____ **ssn#** _____

Telephone Number: _____

Mailing Address: _____

Physical Address: _____

I am a new/reconnect customer and wish to have water service with the Village of Port Vincent. I understand I have a fee to pay:

NEW CONNECTION \$200.00 RECONNECTION \$50.00

I understand my monthly water cost will be:

Resident \$18.00 Business \$23.00

I understand that services will be billed every 3 months and are due payable by the 15th of the second month. Services disconnected for non- payment will require a reinstatement fee of \$100.00 in addition to any unpaid balance before service will be restored.

I have read this agreement and understand the terms thereof:

CUSTOMER SIGNATURE: _____

CLERK/DEPUTYCLERK: _____