Application for Utilities with the City of Rayne

Today's Date: _____ /_____ / _____

Legal Name of Applicant: _____ D.O.B. _____ / _____ / _____
SSN/TAX ID #: _____ DL or ID #: _____
Contact: phone (_____) _____ (_____) _____ Email: _____
Service Address: _____, Rayne LA
Mailing Address (if different): _____
Previous Address: _____ How long there: _____

Do you own the home at the service address? ____ yes ____ no
Do you rent the home/apartment at the service address? ____ yes ____ no
Name of Landlord: _____ Phone # of Landlord: (_____) _____
Address of Landlord: _____
Do you have a written lease? ____ yes ____ no What is your monthly rent? _____

Are you employed? ____ yes ____ no How long have you been employed with this company/person? _____
Name of Employer: _____
Address of Employer: _____
Phone # of Employer: (_____) _____ Amount of monthly income? _____

Legal Name of Spouse or Co-Applicant: _____ D.O.B. _____ / _____ / _____
SSN: _____ DL/ID #: _____
Contact: Phone (_____) _____ (_____) _____ Email: _____
Is Co-applicant employed? ___ yes ___ no How long have you been employed with this company/person? _____
Name of Employer: _____
Address of Employer: _____
Phone # of Employer: (_____) _____ Amount of monthly income? _____

THE APPLICANT DOES HEREBY AGREE TO TIMELY PAY THE MONTHLY BILL SUBMITTED TO THE APPLICANT BY THE CITY OF RAYNE. APPLICANT ACKNOWLEDGES THAT HIS/HER FAILURE TO PAY MAY RESULT IN THE DISCONTINUANCE OF UTILITY SERVICES IN ACCORDANCE WITH APPLICABLE CITY ORDIANCES. FURTHERMORE, THE APPLICANT AGREES TO PAY ALL COSTS ASSOCIATED WITH THE COLLECTION OF HIS/HER DELINQUENT ACCOUNT INCLUDING THOSE CHARGED BY A COLLECTION AGENCY AND/OR ATTORNEY FEES AND COST OF LITIGATION.

Signature of Applicant: _____
Signature of Co-Applicant: _____

FOR OFFICE USE ONLY:
Deposit Amount $_____ Date Paid: _____ Cash or Check #: _____
City Employee's Initials: _____ Account #: _____

Any information on this form is subject to Public Records Request.