

CITY OF EUNICE
P. O. Box 1106, Eunice, LA 70535
337-457-6505

APPLICATION FOR GAS AND/OR SEWERAGE SERVICE

Name of Applicant: _____

Mailing Address: _____

Service Address: _____

Own: _____ Rent: _____ Landlord: _____

Residential: _____ Commercial: _____

If Commercial: Owner's Name/Address: _____

Has the City of Eunice provided gas and/or sewerage service to you before? _____

If Yes: Location: _____ When?: _____

PERSONAL INFORMATION: * MUST ATTACH COPY OF DRIVER'S LICENSE OR STATE ID

SSN: _____ Phone(s): _____

DL#: _____ Expiration Date: _____

Employer: _____ Phone#: _____

Address: _____ Years Employed: _____

Spouse's Name: _____ Maiden Name: _____

Spouse's SSN: _____ Spouse's DL: _____

Spouse's Employer: _____ Phone: _____

Nearest Relative Not Living with You:

Name: _____ Relation to You: _____

Address: _____ Phone#: _____

APPLICANT'S SIGNATURE

DATE