



City of Hammond
 Utility Department
 P O Box 2788
 Hammond, LA 70404-2788
 (985) 277-5615
www.hammond.org

| | |
|------------------------|-------------|
| Office Use Only | |
| Date | ___/___/___ |
| Customer# | _____ |
| Account # | _____ |
| Clerk | _____ |

Commercial Application Form

General Information

Account Name: _____
 Service Address: _____
 Start Date: ___-___-___ Property Ph :(____) ___-___ Fax (____) ___-___
 State Tax ID# _____

Billing Information: Send bill to service address? (Y/N):_____

If NO, send bill to

Management or Attention: _____
 Street or P.O. Box#: _____
 City, State, Zip: _____

Responsible Party (Please do not repeat DBA name.)

Name: _____
 Address: _____
 Phone: _____ Fax: _____

TERMS OF SERVICE

1. Payment is due upon receipt, but no later than 10th of each month.
2. All unpaid balances will receive penalty charges after the 11th of each month and are subject to disconnection of service.
3. If service has been disconnected for non-payment a \$25.00 reconnect fee will be assessed prior to reconnection.
4. **In order for water service to be turned on, you or your representative must be on premises. NO EXCEPTIONS!**
5. A \$25.00 Fee will be added for all returned checks, if service has been disconnected a reconnection fee will also apply.
6. By signing below you will have full responsibility for all damage/tampering of the meter that services this address.

I understand that any information provided that is found to be false, incomplete, or misrepresented in any respect will be sufficient cause for denial, suspension, or revocation of service.

***DEPOSITS ARE NON-TRANSFERABLE

X _____