



City of Hammond

Utility Department
PO Box 2788
Hammond, LA 70404-2788
(985) 277-5615
www.hammond.org

Office Use Only	
Date	__/__/__
Customer #	_____
Account #	_____
Clerk	_____

Date Service is to be Started ____/____/____

First Name Middle Int. Last Name

S.S.N. ____-____-____ or D.L. # and State _____

Date of Birth _____

Current Address _____

Service Address _____

Mailing Address (if different from service address)
____ City _____ State _____ Zip _____

Home Phone () _____ Alt# _____

Employed By: _____ Work () _____

Spouse Name: _____

Own/Rent Owners Name _____ Phone () _____
Circle one

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 _____