

BUCKEYE WATER DISTRICT NO. 50, INC.

P.O. Box 6 Deville, Louisiana 71328
(318) 466-5746 fax (318) 466-3096

WATER APPLICATION

DATE: _____ NAME: _____

DOB: _____ SEX: Male Female Phone: _____

Service Address (where meter is or will be set): _____

Mailing Address (where bill will be mailed to): _____

DO YOU OWN OR RENT THE PROPERTY WHERE THE METER IS OR WILL BE SET? _____ OWN _____ RENT

If you own, purchased from: _____ Phone: _____

If you rent, landlord's name: _____ Phone: _____

Would you like meter turned on? _____ Or unlocked and left off? _____ Commercial _____ OR Residential? _____

Social Security No.: _____ State / Driver's License No.: _____

I understand if I do not wish to give my Social Security Number and I am due a refund, I may not receive it if I cannot be located.

Your Employer: _____ Work Phone: _____

Spouse's Name: _____

Spouse Social Security No.: _____ Spouse State/Driver's License No.: _____

Spouse Employer: _____ Work Phone: _____

Your Previous Address: _____

Name of nearest relative not living with you: _____ Phone: _____

Address: _____ How related: _____

Have you ever had service with Buckeye Water District before? YES _____ NO _____

If yes, where? _____ When? _____

APPLICANT : I do not wish to furnish the following information.

ETHNICITY: Hispanic or Latino Not Hispanic or Latino

RACE: American Indian / Alaska Native Asian Native Hawaiian or Other Pacific Islander

Black or African American White

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