

**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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