

**TOWN OF FRANKLINTON, LOUISIANA
APPLICATION FOR WATER/SEWER/GAS SERVICES**

Name _____ Telephone Number _____
Cell Phone Number _____

Social Security Number: _____ Driver's License Number _____

Service Address: _____

Mailing Address: _____

Are you interested in receiving/paying your bill on-line? Yes No. If yes, please provide your e-mail address:

_____ To pay your bill on-line, please go to
www.TownofFranklinton.com and register your account.

Do you Own, Rent. Is the structure a House, Mobile Home, Apartment Commercial Business

Landlords Name: _____ Landlords Telephone Number _____

Your Employer _____ Employer's Telephone Number _____

Spouse's Name _____ Maiden Name _____

Spouse's Social Security Number _____ Spouse's Driver's License Number _____

Spouse's Employer _____ Employer's Telephone Number _____

Previous Address _____

Have you had utility services with The Town of Franklinton before Yes No

If yes, at what location _____

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

Address _____ Telephone Number _____

OBLIGATION:

THE UNDERSIGNED HEREBY REQUESTS THE TOWN OF FRANKLINTON, LA. TO RENDER UTILITY SERVICE(S) AT THE ABOVE ADDRESS; GRANTS THE TOWN OF FRANKLINTON THE NECESSARY RIGHT OF WAY FOR THE EXTENSION OF SUCH SERVICE(S) WHICH ARE BINDING UPON THE UNDERSIGNED'S HEIRS OR ASSIGNS, AND AGREES TO RECEIVE FROM AND PAY THE TOWN FOR ALL SUCH SERVICES REQUIRED ON THE PREMISES AT THE ABOVE SERVICE ADDRESS, IN ACCORDANCE WITH THE APPLICABLE RATES AND WITH THE SERVICE REGULATIONS OF THE TOWN OF FRANKLINTON'S STANDARD TERMS AND CONDITIONS.

SIGNATURE DATE

“THE FOLLOWING INFORMATION IS REQUESTED BY THE FEDERAL GOVERNMENT IN ORDER TO MONITOR COMPLIANCE WITH FEDERAL LAW PROHIBITING DISCRIMINATION AGAINST APPLICANTS SEEKING TO PARTICIPATE IN THIS PROGRAM. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THIS IS NOT AN EVALUATION OF YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY. HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, WE ARE REQUIRED TO NOTE THE RACE, NATIONAL ORIGIN OF THE PERSON/APPLICANT ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

HISPANIC OR LATINO NOT HISPANIC OR LATINO

MALE FEMALE

AMERICAN INDIAN OR ALASKAN NATIVE ASIAN

BLACK OR AFRICAN AMERICAN WHITE

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

