

**Residential
New Account**

City of Baker Consolidated Utility System

**3325 Groom Road Baker, LA 70714
Ofc: (225)775-9952 Fax: (225)775-9615**

Date Applied: _____

Resident Name: _____ **DL#:** _____

Service Address: _____ **Ph#:** _____

Mailing Address: _____

Social Security #His: _____ **Social SecurityHers:** _____

DOB (His): _____ **DOB (Hers):** _____

Spouses Name: _____ **DL#:** _____

Home Phone: _____ **Cell Phone:** _____

Employed By (His): _____ **Wk Ph#:** _____

(Hers): _____ **Wk Ph#:** _____

Buying: **Renting:**

Previous Address: _____ **Ph#:** _____

Nearest Relative: _____

Address: _____

Tax ID #: _____ **Business Ph #:** _____

Deposit Receipt #: _____ **Amount: \$** _____

I hereby apply for utility services furnished by Baker Consolidated Utilities at the address stated above, or such subsequent locations as requested. This application is made subject to the current rules, regulations and ordinances governing Baker Consolidated Utilities. I agree to pay established rates and charges for all services provided.

I acknowledge that in order for services to be connected, an adult 21 years of age or older must be present. We can schedule connection Monday through Friday between 12:30 to 3:00 p.m. or 8:00 to 12:00 noon. If services must be connected after 3:00 p.m., there is a \$20.00 call out charge.

It is understood that a delinquent date and time will be listed on my billing statement. If the billed amount is not paid by the date and time, a \$55.00 penalty will be assessed to my account whether services are disconnected or not . I also acknowledge that if my services are disconnected for non-payment of a past due bill, I will be required to pay the balance of the account in full, plus penalty and resumption will be the following business day.

Signed: _____ **Date:** _____

Note!...If a permit for electrical service is needed, please go to the Inspection Department with deposit receipt, located downstairs in this building.

All penalty fees are subject to change.