

THE TOWN OF HAUGHTON

"Come Grow With Us!"

Mayor, Kim Gaspard

Utility Billing Department

Tel. (318) 949-9401

118 W. McKinley Ave Haughton, LA 71037

Fax (318) 949-2609

WATER SERVICE APPLICATION

Date:	Date of Service:	
Name of Applicant:	Co-Applicant/Spouse:	
Email Address:		
Service:	Mailing Address:	
Phone Number:		
Co-Applicant/Spouse's Phone Number:		
SSN: DOB:/	DLN: Stat	e:
Place of Employment & Phone Number:		
(If Applicable) Spouses' Place of Employment & P	Phone Number:	
Own Property Rent Property		
Have you previously received utility services from	the Town of Haughton? Yes No	
If so, what address?		
Occupants in the home ABOVE the age of 18:		
Applicant Signature:		
surrounding access to information. It is important t	to disconnect service if I shall move or sale my home ounts, it is crucial to understand the rules and regula to note that unless explicitly listed on this application mation pertaining to a specific account.	ations
FOR O	FFICE USE ONLY	
Work Order: _		
Customer Number:	Location Number:	
Deposit Amount:	Meter Maintenance:	
Meter Number:	Meter Reading:	



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Applicant Demographic

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the USDA Rural Development that the Federal law prohibiting discrimination against customer applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating 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, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Name & Address of Interviewer's Employer
Town of Haughton
118 W. McKinley Ave.
Haughton, LA 71037

RACE (Please Circle)	American Indian or Alaska Native	
MADE (Flease Office)		
	Asian	
	Black or African American Native	
	Hawaiian or Pacific Islander	
	White	
	Other	
	Two or More Races	
Ethnicity (Please Circle)	Hispanic or Latino	
	Non-Hispanic Latino	
Sex (Please Circle)	Male	
	Female	
Applicant's Name (Print):		
Applicants Name (Signature):		
Phone Number:	Date:	

Applicant does not wish to furnish this information