

ACCOUNT# _____

PRE SERVICE PAYMENT# _____

SERVICE ORDER # _____

**TOWN OF ROSEPINE UTILITY DEPARTMENT
P.O. BOX 528, ROSEPINE, LA 70659
337-463-8908 EXT. 10**

READ ONLY ()
READ & UNLOCK ()
READ & LOCK ()
OUT ()

SERVICE ORDER

TODAY'S DATE: ____/____/2024

DATE FOR ACTION: ____/____/2024

NAME: _____

SERVICE ADDRESS: _____

FORWARDING ADDRESS: _____

PHONE (HOME) _____ (WORK) _____ (CELL) _____
(PLEASE LIST PHONE # THAT YOU WOULD LIKE TO RECEIVE ANY NOTIFICATIONS IN THE HOME FIELD)

SOCIAL SECURITY # _____ RENTAL () OWNER ()

IF RENTING WHAT IS THE OWNERS NAME ,ADDRESS, AND PHONE #?

RACE OR ETHNIC GROUP (OPTIONAL) _____ MALE () FEMALE ()

SIGNATURE X _____

(OFFICE USE ONLY)

METER INFORMATION

DATE ON ____/____/2024

COMPUTER READING _____

SERIAL # _____

METER READING _____

DATE OFF ____/____/2024

COMPUTER READING _____

SERIAL # _____

METER READING _____

PAYMENT INFORMATION/ACCOUNT TYPE/OTHER INFORMATION

METER DEPOSIT \$ _____

WATER TAP \$ _____

SEWER TAP \$ _____

CONNECTION FEE \$ _____

RESIDENCE ()
BUSINESS ()
NON-PROFIT ()
INSIDE TOWN LIMITS ()
OUTSIDE TOWN LIMITS ()

CLERK _____

{PLEASE FILL OUT THE INFORMATION IN THIS PORTION}