

TOWN OF OAK GROVE, LOUISIANA
CUSTOMER TRANSFER OF SERVICES APPLICATION AND DEPOSIT INFORMATION FORM

SECTION (A) TO BE COMPLETED BY APPLICANT:

NAME _____

NEW SERVICE ADDRESS _____

OLD SERVICE ADDRESS _____

MAILING ADDRESS _____

DATE SERVICE DESIRED _____ () TRAILER/MOBILE HOME () HOUSE

HAVE YOU EVER HAD SERVICE WITH THIS COMPANY IN THE PAST?

() YES () NO

SECTION (B) TO BE COMPLETED BY *RESIDENTIAL* SERVICE APPLICANT:

HOME PHONE# _____ CELL PHONE# _____

DRIVER'S LICENSE# _____ STATE ISSUED _____

SOCIAL SECURITY# _____ - _____ - _____ DOB: _____

EMAIL ADDRESS _____

EMPLOYER'S NAME _____ WORK PHONE _____

ARE YOU RENTING AT THIS SERVICE ADDRESS? () YES () NO.

IF YOU CHECKED YES, PLEASE HAVE A COPY OF YOUR RENTAL AGREEMENT OR LEASE TO TURN IN WITH THIS APPLICATION.

RENTAL AGENT _____ RENTAL AGENT'S PHONE _____

Sign

Date