

ST. MARTIN PARISH WATER WORKS DISTRICT #3

P.O. BOX 206, CADE LA. 70519 PH (337) 367-1567; FAX (337) 365-1876

EMAIL: info@cadewater.com

Request for Updated Customer Information

For us to better serve you, please take a moment to complete this form with your current account information.

We currently offer paper and e-bills. If interested, please fill out the information below. Please return the form via mail to info@cadewater.com, fax 337-365-1876 or your welcome to stop by the office.

You may also complete the form online at www.cadewater.myruralwater.com.

Name Account:	
Mailing Address:	
Service Address:Account#(s)	
Home Phone #:	Cell Phone #:
Office Phone #:	
E-mail Address:	
How would you like to receive your bill?	
Paper Only Email Only Bot	h Paper and Email
If you have any questions, please contact th	e Cade Water Office.
	Signature of Account Holder

This institution is an equal opportunity provider