



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 On Account:			_
Account #(s)			
Mailing Address:			
City:	State	Zip Code	
(911) Physical Address:			
		Zip Code	_
Home Phone #:	Cell Phone #:		_
Office Phone #:			_
E-mail Address:			
How would you like to receive you	ır bill?		
Paper Only Email Only	Both Paper and Ema	il	
If you have any questions, please of	contact the Cade Water O	ffice.	
	Signatur	e of Account Holder	

This institution is an equal opportunity provider. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400
Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).
USDA is an equal opportunity provider, employer, and lender This institution is an equal opportunity provider

