



ST. MARTIN PARISH WATER WORKS DISTRICT #3
P.O. BOX 206
CADE, LA 70519
337-367-1567

ACCOUNT# _____ SERVICE ID# _____

DATE: _____ DEPOSIT# _____

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHYSICAL ADDRESS: _____

SS# _____ - _____ - _____ TAX- ID# _____ - _____

DRIVER'S LICENSE OR I.D. # _____ STATE OF ISSUANCE _____

PHONE: _____ OR _____

EMAIL: _____

CUSTOMER SIGNATURE _____

____ MALE ____ FEMALE

____ ASIAN ____ PACIFIC ISLANDER ____ HISPANIC ____ NON HISPANIC
____ BLACK ____ AMERICAN INDIAN ____ ALASKAN NATIVE ____ WHITE(CAUCASIAN)

OFFICE USE ONLY

METER SIZE $\frac{3}{4}$ " _____ 1" _____ 2" _____ 4" _____ 6" _____

DEPOSIT AMOUNT _____ METER FEE _____ CONNECTION FEE _____

BOARING FEE _____ ADD'L FEES _____

BLOWOUT PREVENTER CERTIFICATION _____ NO _____ YES

____ COPY CERTIFICATION RECEIVED FOR FILES *THE ACCOUNT WILL NOT BE PROCESS UNTIL RECEIVED*

TOTAL AMT. PAID CK# _____ CASH _____ M.O. _____