

Gilark Water System, Inc.  
Water Service Agreement

P O Box 298 Minden, LA 71055 Billing Questions 1-318-268-5581  
Water Emergencies ONLY 1-318-371-8240

Connection  Disconnect (Must be on account)  Temporary Service  Update Account (Must be on account)

Today's Date: \_\_\_\_\_ Service Start Date: \_\_\_\_\_

**Service Address:**

\_\_\_\_\_

Street Number	Street Name	Apt.#
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Billing Name: (Last, First, Middle Initial) : \_\_\_\_\_

Billing/Forwarding Address (if different): \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Account # (Existing Only): \_\_\_\_\_

If Renter – Landlord's Name (Nonpayment of utility bill for any reason will result in landlord notification) \_\_\_\_\_

**PROPERTY OWNER-\$100.00 Deposit Required/ \$25.00 Non-refundable Turn On Fee DISCONNECT - \$25.00 Non-refundable Turn Off Fee**  
**RENTERS-\$150.00 Deposit Required/\$25.00 Non-refundable Turn On Fee DISCONNECT - \$25.00 Non-refundable Turn Off Fee**

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

By request of the USDA:  White  African-American  Hispanic  Other \_\_\_\_\_

Have you ever had service with Gilark Water System, Inc.?  No  Yes If yes, location(s) \_\_\_\_\_

**IN CONSIDERATION OF RECEIVING WATER SERVICES, YOU, THE SIGNER, AGREE TO AND ARE SOLELY RESPONSIBLE FOR THE FOLLOWING:**

1. For the timely payment of ALL BILLS while the water service is in your name.
  1. Non-payment within ten days from the due date will be subject to a penalty of 10% (percent) of the delinquent account.
  2. Non-payment for thirty days after due, the delivery of water to the delinquent member's property shall be terminated, without notice, until full payment plus penalty of \$50.00.
2. Requesting termination of service. Applicant is responsible for contacting the Water System 24 hours prior to vacating the property. Applicant is responsible for all charges for service provided to the premises until both such notice has been given and the final reading has been made.
3. That you have read, understand and agree to the information listed on this form and that you are 18 years of age or older.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Gilark Water System, Inc. is an Equal Opportunity Provider and Employer." If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S. W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)."

**Office Use Only**

Account #: \_\_\_\_\_ Deposit Amount: \$ \_\_\_\_\_ Turn On/Off Fee: \$ \_\_\_\_\_

Payment Method: Cash \_\_\_\_\_ Check #: \_\_\_\_\_ Other: \_\_\_\_\_