

**LIONEL JOHNSON, JR.**

MAYOR

CITY COUNCIL

**WILLIAM CUSHENBERRY, JR.**

**MELVIN HASTEN, SR.**

**JEFFERY HAYES, SR.**

**HOZA REDDITT, SR.**

**KELVIN YORK, SR.**

**KEVIN AMBEAU, SR.**

POLICE CHIEF

 ­ **CITY OF ST. GABRIEL**

**Application for Sewer**

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| --- |
|  New Account Existing Account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Residential Small Commercial Large Commercial Apartment Complex (# of units \_\_\_\_\_\_\_\_\_\_\_ )    |
|  Home Mobile Home Apartment \_\_\_\_\_\_   |
| Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Applicant INFORMATION PROPERTY OWNER INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

**Owner’s Name:**

**Property Address:**

 Check Box if same as Applicant

|  |
| --- |
| ***OFFICE USE ONLY*** |
| **Verify** | ***Document*** | ***Approval*** |
|  | *State Issued Driver’s License or ID for Applicant* |  |
|  | *Administrative Fee Residential: $50.00 Administrative Fee Commercial: $300.00* |  |
|  | *Copy of Lease Agreement if Applicable* |  |
|  | *Utility Department Approval (Verification of Payment of Outstanding Balances)* |  |
|  | *Fill Sewer Tie in Form for New Mobile Homes and New Residential/Commercial Buildings (Fees Vary)* |  |

Signature of Applicant/Property Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With my signature I state and understand that my household does not have an existing outstanding sewer balance with the City of St. Gabriel and if so I have made payment arrangements of said amounts owed to the City of St. Gabriel. I understand that the City of St. Gabriel has a cooperative endeavor agreement with the Iberville Parish Water Department. I further understand that in the event of non-payment of my sewer account, my water services may be disconnected until payment is remitted to the City of St. Gabriel and I may be subject to a disconnect/reconnect fee to restore my water services.