

**NEW INSTALLATION OR FLOATING METER APPLICATION**

***Plaquemines Parish Water Department***

333 F Edward Hebert, Bldg 203 Ste B111

Belle Chasse, La. 70037

Belle Chasse #504-934-6520 Port Sulphur #504-564-1103 East Bank #504-278-2303

**Fax#: 504-934-6529**

ACCT # \_\_\_\_\_

Reading: \_\_\_\_\_ Date: \_\_\_\_\_

FEDERAL ID#: \_\_\_\_\_

PERMIT RELEASE# \_\_\_\_\_

REC'D NOTICE: INITIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

Will installations involve crossing a railroad? \_\_\_\_\_

LOCATION #: \_\_\_\_\_

WATER SERVICE: ON \_\_\_\_\_ OFF \_\_\_\_\_

EFFECTIVE DATE OF SERVICE: \_\_\_\_\_

CLERK'S INITIAL: \_\_\_\_\_

Signed Harmless Agreement: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

SERVICE ADDRESS: \_\_\_\_\_  
CITY STATE ZIP CODE

MAILING ADDRESS: \_\_\_\_\_  
CITY STATE ZIP CODE

EMAIL ADDRESS: \_\_\_\_\_ EMAIL ONLY Y OR N

PHONE#: \_\_\_\_\_ DR. LIC#: \_\_\_\_\_ STATE

RESIDENTIAL OR COMMERCIAL METER SIZE \_\_\_\_\_ # OF UNITS \_\_\_\_\_

SEWER: YES OR NO REFUSE: YES OR NO (\*IF NO - CONTRACT IS NEEDED\*)

FLOATING METER #: \_\_\_\_\_ START READ: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OFFICE USE ONLY:  
INSTALL FEE: \$ \_\_\_\_\_ CK#: \_\_\_\_\_ CASH: \_\_\_\_\_ M.O.: \_\_\_\_\_ RECEIPT#: \_\_\_\_\_

DEPOSIT: \$ \_\_\_\_\_ CK#: \_\_\_\_\_ CASH: \_\_\_\_\_ M.O.: \_\_\_\_\_ RECEIPT#: \_\_\_\_\_

PAYMENT: \$ \_\_\_\_\_ CK#: \_\_\_\_\_ CASH: \_\_\_\_\_ M.O.: \_\_\_\_\_ RECEIPT#: \_\_\_\_\_

TAKEN BY: \_\_\_\_\_ ENT IN COMPUTER BY: \_\_\_\_\_ DATE: \_\_\_\_\_ WORK ORDER #: \_\_\_\_\_ DATE: \_\_\_\_\_

**MOVING IN OR CHANGING ACCOUNT INFORMATION**

**Plaquemines Parish Water Department**

333 F Edward Hebert, Bldg 203 Ste B111

Belle Chasse, La. 70037

Belle Chasse Office #: 504-934-6520

Fax#: 504-934-6529

ACCT # \_\_\_\_\_

LOCATION #: \_\_\_\_\_

Reading: \_\_\_\_\_ Date: \_\_\_\_\_

WATER SERVICE: ON \_\_\_\_\_ OFF \_\_\_\_\_

FEDERAL ID#: \_\_\_\_\_

EFFECTIVE DATE OF SERVICE: \_\_\_\_\_

REC'D NOTICE: INITIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

CLERK'S INITIAL: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

SERVICE ADDRESS: \_\_\_\_\_  
CITY STATE ZIP CODE

MAILING ADDRESS: \_\_\_\_\_  
CITY STATE ZIP CODE

EMAIL ADDRESS: \_\_\_\_\_ EMAIL ONLY? Y OR N

CONTACT PH#: \_\_\_\_\_ OR \_\_\_\_\_ DRIVER'S LIC #: \_\_\_\_\_  
Cell Home/Work

SIGNATURE: \_\_\_\_\_

**OFFICE USE ONLY:**

ADMIN FEE: \$ \_\_\_\_\_ CK#: \_\_\_\_\_ CASH: \_\_\_\_\_ MONEY ORD. #: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

DEPOSIT: \$ \_\_\_\_\_ CK#: \_\_\_\_\_ CASH: \_\_\_\_\_ MONEY ORD. #: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

PAYMENT: \$ \_\_\_\_\_ CK#: \_\_\_\_\_ CASH: \_\_\_\_\_ MONEY ORD. #: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

TAKEN BY: \_\_\_\_\_

ENTERED IN COMPUTER BY: \_\_\_\_\_ DATE: \_\_\_\_\_

SERVICE ORDER#: \_\_\_\_\_ DATE: \_\_\_\_\_

# Plaquemines Parish Water Department

203 Main Street- P.O. Box 940

Belle Chasse, La. 70037

Belle Chasse Office #: 504-297-5380 Fax#: 504-297-5385

**\*MUST BE FILLED OUT COMPLETELY BY LANDLORD\***

Landlord's Name/Manager's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Landlord's Telephone #: \_\_\_\_\_

Landlord's Fax #: \_\_\_\_\_

By signing below you are giving permission for the following tenant to put the water in their name

\_\_\_\_\_  
Tenant's Name

\_\_\_\_\_  
Tenant's Address

\_\_\_\_\_  
Landlord/Manager's Signature

\_\_\_\_\_  
Date

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*Below is to be filled out by Plaquemines Parish Water Department*

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Clerk's Signature

\_\_\_\_\_  
Date

\*\*\*\*The Landlord is Welcome to make copies of this form for future tenants\*\*\*\*

# PLAQUEMINES PARISH FINAL BILLING WORKSHEET

*NAME*

Service Address	Location No.	Account No.
Mailing Address	Date	Clerk

**FINAL Readings Based On CUSTOMER'S REQUEST**

	Date	Meter Reading
Regular Billing Cycle Ending Reading		
Final Reading Customer Requested		

Consumption (1,000 gal)	
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Previous Balance	
Water Charge	
Sewer Charge	
Refuse Charge	
Tax	
Penalty	
Act 605	
<b>Total</b>	

Deposit Charged: \_\_\_\_\_

Deposit Refunded: \_\_\_\_\_

DNP                    YES   or   NO

Amount Customer Owes: \_\_\_\_\_

Floating Meter      YES   or   NO

Floating Meter No. \_\_\_\_\_

Customer Signature	Contact No.
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PLAQUEMINES PARISH WATER DEPARTMENT  
REQUEST FOR LEAK ADJUSTMENT FORM

I, \_\_\_\_\_, the individual responsible for this account, am requesting a leak adjustment, on this date, \_\_\_\_\_, for this address, \_\_\_\_\_ with the assigned service id # \_\_\_\_\_, for the billing month of \_\_\_\_\_.

I can be contacted at this phone # \_\_\_\_\_.

The following statement is the reason that I am requesting this leak adjustment at this time. Please explain the exact location of the leak.

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

By signing this affidavit, I am affirming that the information above is true and accurate. Please provide a store or plumber's receipt, pictures, etc... if possible.

*Additionally, Section 22-30 of the Plaquemines Government Code of Ordinance says:*

*Any person who shall violate any of the provisions of this chapter for which a penalty is not otherwise provided shall be guilty of a misdemeanor and upon conviction thereto shall be subject to a fine of not more than one hundred dollars (\$100.00) or imprisoned not exceeding thirty (30) days or both fined & imprisoned.*

\_\_\_\_\_  
Responsible Party

\_\_\_\_\_  
Witness (Dept. Representative)

## PLAQUEMINES PARISH WATER DEPT CUSTOMER CHECKLIST

Belle Chasse Office (504)934-6520 Fax (504)934-6529  
East Bank Office (504)278-2303 Fax (504)676-3179  
Port Sulphur Office (504)564-1103 Fax (504)564-1125

- Office Hours – Monday thru Friday 7:30 – 4:00 unless noted for holidays
- **EMAILS (EBILLS) ARE STRONGLY SUGGESTED DUE TO MAIL ISSUES**
- Refuse is automatically charged on your water bill. Solid Waste Dept should be contacted for refuse (trash) pickup and/or disposal and any discrepancies. They issue the cans. You are charged by the # of cans issued. The fee is added to your monthly water bill (\$6.61 for residential & \$13.23 for commercial per can) The cost of each additional /replacement can is \$51.87 This is part of your minimum bill  
Solid Waste North (504)391-8275 Solid Waste South (504)564-1809.
- Inframark should be contacted for all problems involving main line leaks, fire hydrants, new taps, water outages, etc. Inframark's after hour/emergency number is (504)391-2386 or during business hours you can call (504)392-4177.
- Bills are hand delivered to the Post Office by at least the 1<sup>st</sup> of each month. Should you not receive a bill by the 1st week of the month, please call our office for your balance. **All 2 month bills will be assessed a \$20.00 fee and due for disconnection, all fees are applied through our system automatically & no exceptions will be made.**
- Any customers tampering with meters (i.e. cutting locks, wires, turning water back on, covering meters, etc.) will be assessed a fee no less than \$30.00 and will go up depending on the damages occurred. New electronic meter damage charges will apply as well for replacement and or parts.
- Meters should be accessible to the meter readers & maintenance crew at **ALL** times. Please DO NOT cover up, landscape around meter (no flowers, grass etc.). DO NOT place pets near water meters. New Construction – DO NOT place water meters in driveways. Any repairs where a meter is place in driveways will be subject to having cement broken up and the Parish will NOT be responsible for those repairs.
- All changes to water accounts must be done in writing (i.e. address changes, request for information, move outs {unless move out is put in writing you are still held responsible for water until you request in writing to have account taken out of your name} etc. Deposits are applied towards final bills & are not transferable. Any remaining credit balance will be processed & the Finance Department will cut a check to be mailed out.
- Make sure **all checks or money order payments have the account # on them**, \*even if you include your payment stub.\*
- Any request for 911/physical address changes on bills should be handled with the GIS dept, James Madere @ (504)934-3659. A form should be forwarded to us with any corrections.
- Billing begins when accounts are set up. Zero/No usage will generate a minimum monthly bill. All others are billed monthly according to usage. A minimum bill consists of **Water, Sewer and Refuse**. (unless there is a CONTRACT for garbage pickup and if no sewer is available **\*YOU MUST NOTIFY US OF EITHER\***) A minimum bill is from 0 to 4000 gallons of water (**even if no water is used**) Your bill starts the month after setting up service.

*\*PLEASE KEEP THIS FOR FUTURE REFERENCES\**