



# **BAYOU TECHE WATER WORKS, INC.**

P.O. Box 450

Loreauville, Louisiana 70552

Phone: 337-229-6029

**Bayou Teche Water Works, Inc.  
P. O. Box 450  
Loreauville, LA 70552**

**Location Of Home** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

\_\_\_\_\_  
**Phone No.**

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

**City and State:** \_\_\_\_\_

\_\_\_\_\_  
**S.S. No.**

**I hereby apply for water service at the above location, which I will pay a membership fee and installation charge of Four Hundred-Fifty Dollars (\$450.00). This charge is not a deposit and is not refundable.**

**Once payment is made, it will take seven to thirty days for installation of the meter.**

**I understand that the By-Laws of the Corporation requires a separate meter for each household. All water bills must be paid by the tenth of each month. Bills not paid by the tenth must be paid with penalty by the twenty-fifth to prevent disconnection of your water service for non-payment. All water consumption registered on the meter is the customers responsibility to pay for the bill.**

**I agree to accept and follow the rules and regulations of Bayou Teche Water Works, Inc.**

**LA One Call #** \_\_\_\_\_

**Date cleared** \_\_\_\_\_

**Meter No.** \_\_\_\_\_

**Reading** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Employed By**

**“AN EQUAL OPPORTUNITY EMPLOYER”**