Business
New Account

CITY OF BAKERCONSOLIDATED UTILITY SYSTEM 3325 Groom Road; Baker, LA 70714 Ofc: (225)775-9952 Fax: (225)775-9615

	Date Applied:
Business Name:	
Service Address:	
Mailing Address:	
Owner's Name:	
Address:	
Business Ph #:	Home Ph #:
	DL#:
Tax ID #:	
Buying: □ Leasing: □	
Deposit Receipt #:	Amount: \$
or such subsequent locations as requested. This	er Consolidated Utilities at the address stated above, application is made subject to the current rules, lidated Utilities. I agree to pay established rates and
I acknowledge that in order for services to be copresent for service to be connected. We can schedu to 3:00 p.m. If services must be connected after 3:00	nnected, an adult 21 years of age or older must be le connection Monday through Friday between 12:30 p.m., there is a \$20.00 call out charge.
It is understood that a delinquent date and time will be listed on my billing statement. If the billed amount is not paid by the date and time, a \$55.00 penalty will be assessed to my account. I also acknowledge that if my services are disconnected for non-payment of a past due bill, I will be required to pay the balance of the account in full, plus penalty.	
Signed:	Date:

Note!...If a permit for electrical service is needed, please go to the Inspection Department, located downstairs in this building.

All penalties and fees are subject to change.