

LANDLORD FORM

**PLAQUEMINES PARISH WATER DEPARTMENT**

BILLING & METER READING

P.O. BOX 940

333 F EDWARD HEBERT BLVD. BLDG 203, SUITE B111

BELLE CHASSE, LA. 70037 504-934-6520

[WATER@PPGOV.NET](mailto:WATER@PPGOV.NET)

**MUST BE FILLED OUT COMPLETELY BY LANDLORD**

LANDLORD/MANAGER NAME \_\_\_\_\_

LANDLORD'S ADDRESS \_\_\_\_\_

\_\_\_\_\_

LANDLORD'S PHONE # \_\_\_\_\_

LANDLORD'S FAX # \_\_\_\_\_

**BY SIGNING BELOW, YOU ARE GIVING PERMISSION FOR THE  
FOLLOWING TENANT TO PUT WATER SERVICES IN THEIR NAME**

TENANT'S NAME \_\_\_\_\_

TENANT'S ADDRESS \_\_\_\_\_

\_\_\_\_\_

*Landlord/Manager*

Signature \_\_\_\_\_

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

Office use only: Account # \_\_\_\_\_ Date: \_\_\_\_\_

C.S. Representative's name \_\_\_\_\_