



WATER DEPARTMENT
PO BOX 1309
SULPHUR, LA 70664-1309
PHONE:(337)527-4522/4523

OWNER'S REINSTATEMENT FORM

DATE: _____

NAME _____

ADDRESS _____

PHONE _____

AS OWNER OF THE PROPERTY AT _____, I AUTHORIZE
THE CITY OF SULPHUR TO TRANSFER UTILITIES IN MY NAME WHEN
THE OCCUPANT/OCCUPANTS VACATE THE PREMISES.

SIGNATURE