



MARK R. JOHNSON
Mayor

CITY OF COVINGTON
UTILITY BILLING DEPARTMENT
317 North Jefferson Avenue
Post Office Box 778
Covington, Louisiana 70434
phone 985.892.1811
fax 985.867.1215
website www.covla.com

TEMPORARY SERVICE REQUEST

Today's Date: ____ / ____ / ____

Please attached a copy of your identification.

NOTE: If you do not currently have a "master permit" on file, please provide proof of ownership and completed utility permit application.

I, _____, would like to set up temporary utility services located at _____ scheduled on _____.

Please check one:

- Bill the \$15.00 connection fee to my account
 Paid / Receipt No. _____ Cash Check / Money Order Credit / Debit

****PLEASE NOTE****

Your TEMPORARY SERVICE will expire on _____.

If you require services for more than 30 days, you may transfer to a FULL SERVICE account.

We will require a \$ _____ deposit before _____ to avoid an additional \$15.00 connection fee.

Signature: _____

If you have any questions or need additional information, please see contact information above or check out the "Utility Billing" link on our website at www.covla.com