

APPLICATION

Name: _____

Social Security Number: _____ Telephone #: _____

Property Address: _____

Billing Address: _____

Type Service Requested: Water Sewerage Other _____
(Specify service)

Signature of Applicant

Date

"The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname."

- | | |
|--|--|
| <input type="checkbox"/> White, not of Hispanic origin | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Black, not of Hispanic origin | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> American Indian or Alaskan native | |

"This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D.C. 20250"

OFFICE USE ONLY

Account # _____ Service: Residential Business Other

Amount of Deposit: _____ Date Paid: _____ Cash Check

Other Information: _____
