



CITY OF JEFFERSONVILLE
18 N. Church Street | Jeffersonville, GA 30144
(478) 945-3191

WATER SERVICE APPLICATION

First Name:

Last Name:

Social Security Number:

Telephone #:

Property Address:

Billing Address:

City:

State:

Zip:

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 .

White, not of Hispanic origin

Hispanic

Black, not of Hispanic origin

Asian or Pacific Islander

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: