

APPLICATION FOR SERVICES

NAME: _____

HOME PHONE: _____ CELL PHONE: _____

PROPERTY ADDRESS: _____

BILLING ADDRESS: _____

TYPE SERVICE REQUESTED: WATER ____ SEWERAGE ____ GARBAGE ____

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

____ ASIAN OR PACIFIC ISLANDER

____ BLACK, NOT OF HISPANIC ORIGIN

____ HISPANIC OR LATINO

____ AMERICAN INDIAN OR ALASKAN NATIVE

____ NOT HISPANIC OR LATINO

"This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filled with the Secretary of Agriculture, Washington DC 30350."

OFFICE USE ONLY

ACCOUNT # _____

SERVICE: RESIDENTIAL ____ BUSINESS ____ OTHER ____

AMOUNT OF DEPOSIT: _____

DATE PAID: _____ CASH ____ CHECK ____ CC ____

GENDER: MALE ____ FEMALE ____

TURN ON: _____

READING: _____

TURN OFF: _____

READING: _____