

# CITY OF WHITE WATER/SEWER APPLICATION

Name of Applicant: \_\_\_\_\_  
Name of Spouse: \_\_\_\_\_  
Service Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ License #: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Phone #: \_\_\_\_\_  
Services Requested: Water \_\_\_\_\_ Sewer \_\_\_\_\_ Trash \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date of Application \_\_\_\_\_

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 elevating your application or to discriminate against you in any way. However, if you choose not furnish it, we are required to not the race/national origin of individual applicants on the basis of visual observation or surname.

Ethnicity: Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_

Race (Mark one or more)

White \_\_\_\_\_ Black or African American \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

This is an Equal Opportunity Program: Discrimination is prohibited by Federal Law, Complaints of discrimination may be filed with U.S.D.A., Director, Office of Civil Rights, Room 326-W, Whitten Bldg., 1400 Independence Ave., S.W. Washington, DC 20250-9410.

## OFFICE USE ONLY

Account# \_\_\_\_\_ Service: Residential \_\_\_\_\_ Business \_\_\_\_\_ Other \_\_\_\_\_

Amounts of Deposit: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Turn on Work Order Issued: \_\_\_\_\_ Turn off Work Order Issued: \_\_\_\_\_

Refund: \_\_\_\_\_ Account Balance: \_\_\_\_\_  
Check # and Date \$ Amount and Date