

APPLICATION FOR SERVICES CITY OF HOMELAND WATER SYSTEM

FULL NAME: _____
 FIRST MIDDLE LAST

SERVICE ADDRESS: _____

BILLING ADDRESS
IF DIFFERENT FROM ABOVE: _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER & STATE: _____

RENT: _____ OWN: _____

IF RENTAL PROPERTY, OWNERS NAME & ADDRESS: _____

SIGNATURE: _____ 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, ethnicity, and sex of individual applicants on the basis of visual observation or surname."

<u>Race</u>	<u>Ethnicity</u>	<u>Sex</u>
____ White	____ Hispanic	____ Male
____ Black/African American	____ Non-Hispanic	____ Female
____ American Indian or Alaskan native		
____ Asian or Pacific Islander		

"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."

FOR OFFICE USE ONLY

DATE ACCOUNT OPENED: _____ ACCOUNT NUMBER: _____

\$100.00 DEPOSIT PAID: _____ \$10.00 TURN ON FEE PAID: _____

\$450.00 NEW INSTALLATION FEE PAID: _____

METER NUMBER: _____ CURRENT METER READING: _____

COMMENTS: _____

