

City of White Water, Sewer, & Trash Application

Name of Applicant: _____

Name of Spouse: _____

Service Address: _____

Mailing Address: _____

Phone #: _____ **Email Address:** _____

Social Security #: _____ **License #:** _____

Employer Name: _____

Employer Phone #: _____

Services Requested: WATER___ SEWER___ TRASH___

SIGNATURE

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 to furnish it, we are required to note the race/national origin of individual applicants based on visual observation or surname.

Ethnicity: Hispanic or Latino___ Not Hispanic or Latino___

Race (mark one or more):

White___ Black/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 # _____ **Residential**___ **Business**___

Amount of Deposit: \$ _____ **Cash**___ **Check#**_____ **C.C.**___