



APPLICATION FOR UTILITY SERVICES

Po Box 759, 635 East Street

Pittsboro, NC 27312

Phone (919) 542-4621 Fax (919) 542-7109

Account #: _____

Meter #: _____

Reading: _____

Route: _____ Sequence: _____

Applicant: _____
Last Name

First Name

Co-Applicant: _____
Last Name

First Name

Service Address: _____

Mailing Address: _____
(If Different From Above)

Service Start Date: _____

Social Security #: (Applicant) _____ (Co-Applicant) _____

Driver's License # and State: (Applicant) _____ (Co-Applicant) _____

Birthdate: (Applicant) _____ (Co-Applicant) _____

Home Telephone: (Applicant) _____ (Co-Applicant) _____

Work phone: (Applicant) _____ (Co-Applicant) _____

Employer: (Applicant) _____

(Co-applicant) _____

Have you had service with Pittsboro, NC before? YES NO

If YES, when? Where? _____

Do you own your home? YES NO Number of Occupants _____

Applicant Signature: _____ Date: _____

Co-Applicant 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 this 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 ethnicity, race, and gender of the individual applicants on the basis of visual observation or surname.

| |
|--|
| Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino |
| Race: |
| <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White |
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male |