

Water Deposit Form

Account: _____

Route: _____

Sequence: _____

Meter #: _____

Service Address: _____ / _____

Name: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Telephone: (H) _____ (Work) _____

Employer: _____

Email address: _____

Drivers Lic. # _____

Social Security #: _____

Service Start Date: _____

Deposit Amount: _____

_____ Property Owner

_____ Renter

Customer 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