

APPLICATION FOR WATER SERVICE

Date: _____

Name: _____ Social Security # _____

Address For Service: _____

Mailing Address: _____

Home Phone: _____ Cell: _____

Landlord Name And Address: _____

Landlord Phone Number: _____

Employer' Name and Address: _____

Employer's Phone Number: _____

Name, Address, and Phone of Nearest Living Relative: _____

Applicant is responsible for collection fees on delinquent accounts

Applicant Signature: _____

Please provide the following information so that the City of West Point will be in compliance with the Title VI of the Civil rights Act of 1964.

The information regarding race, color, or national origin designation is requested in order to assure the Federal Government, that the City of West Point complies with Federal Laws prohibiting discrimination on the basis of race, color, or national origin. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your request for services or to discriminate against you in any way. However, if you choose not to furnish this information, we are required to note your race and national origin on the basis of visual observation or surname.

Please enter the name of the head of household and check the appropriate information below:

Head of Household:

Name: _____

Sex: _____ Male _____ Female

RACIAL CATEGORIES:

- ____ American Indian or Alaskan Native
- ____ Asian
- ____ Black or African American
- ____ Native Hawaiian or Pacific Islander
- ____ White

ETHNIC CATEGORIES:

- ____ Hispanic or Latino
- ____ Not Hispanic or Latino