

CITY OF RIO DELL
UTILITY SYSTEM APPLICATION

CUSTOMER NO.: _____

DATE: _____

PHONE #: _____

LOCATION: _____

NAME OF CUSTOMER: _____

CUSTOMER SS# _____ DR. LIC # _____ EXP: _____

PLACE OF EMPLOYMENT: _____

MAILING ADDRESS: _____

FORWARDING ADDRESS: _____

OWNER OF RESIDENCE: _____

METER INFORMATION

ROUTE: _____ SERVICE: _____ [] LOCK [] UNLOCK DATE: _____

METER NO.: _____ READING: OLD: _____ NEW: _____

THIS APPLICATION MUST BE ACCOMPANIED BY A DEPOSIT IN THE SUM OF SEVENTY DOLLARS, (\$70.00) TO ESTABLISH UTILITIES AT THIS ADDRESS.

BY SIGNING THIS APPLICATION, THE APPLICANT AGREES TO OBSERVE ANY CITY REGULATIONS NOW OR HEREAFTER ADOPTED RELATED TO THE WATER AND SEWER SERVICE AND TO PAY ALL UTILITY BILLS PROMPTLY. ALL UNPAID CHARGES AND PENALTIES ARE DUE AND PAYABLE AT THE TIME OF BILLING EACH MONTH.

CUSTOMER SIGNATURE: _____

RECEIPT NO.: _____ **RETURN DEPOSIT DATE:** _____

AMOUNT DUE TO CITY: _____

BALANCE RETURNED TO CUSTOMER: _____ **CHECK NO.:** _____

“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/national original of individual applicants on the basis of visual observation or surname.”

Please check one box for each of the following categories:

Ethnicity Category

- Hispanic or Latino**
- Not Hispanic or Latino**

Race Category

- American Indian or Alaska Native**
- Asian**
- Black**
- Native Hawaiian or Other Pacific Islander**
- White**

“This institution is an equal opportunity provider”