

City of Hiawassee Water Application

Contact Information

Name	
Social Security Number	
Telephone	
Property Address	
City ST ZIP Code	
Billing Address	
Work Phone	
E-Mail Address	

Type of Service Requested

Water Other
 Sewerage Specify The service/benefit

Required Information

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 ORIGIN OF INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

ETHNICITY: HISPANIC OR LATINO _____

RACE: (MARK ONE OR MORE)

WHITE _____ BLACK OR 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 USDA, DIRECTOR, OFFICE OF CIVIL RIGHTS, ROOM 326-W, WHITTEN BLDG., 1400 INDEPENDENCE AVE, SW, WASHINGTON, DC 20250-9410.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Signature	Date
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Office Use Only

Account# _____ Service Residential _____
 Business _____ Other _____
 Amount of Deposit _____ Date Paid _____ Cash ____ Check ____

 Other Information _____