



WATER SUPPLY CORPORATION

INFORMATION PAGE FOR SERVICE APPLICATION

NOTE: FORM MUST BE COMPLETED BY APPLICANT ONLY. A MAP OF SERVICE LOCATION REQUEST MUST BE ATTACHED.

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 race/national origin of individual applicants on the basis of visual observation or surname.

Ethnicity: ☐ Hispanic or Latino
☐ Not of Hispanic or Latino

Race:
☐ White ☐ Black or African American ☐ American Indian/Alaska Native
☐ Asian ☐ Native Hawaiian or Other Pacific Islander

Gender: ☐ Male ☐ Female

Please Print:

DATE: _____

APPLICANT'S NAME _____

CONTACT: PHONE NUMBER (_____) _____ - _____ EMAIL: _____

REQUESTED SERVICE ADDRESS:

REQUESTED SERVICE

SIZE / TYPE OF SERVICE REQUESTED

PROOF OF OWNERSHIP PROVIDED BY DEED

LEGAL DESCRIPTION OF PROPERTY (Include name of road, subdivision with lot and block number)

PREVIOUS OWNER'S NAME AND ADDRESS:

PROPERTY SIZE/ACREAGE_____

SPECIAL SERVICE NEEDS OF APPLICANT_____

DO YOU AGREE TO RECEIVE ALERTS/UPDATES BY EMAIL AND/OR TEXT: ☐ YES ☐ NO

ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW:

SIGNATURE OF APPLICANT:_____

UPON COMPLETION OF A SITE INSPECTION BY 439 PERSONENELL, YOU WILL BE NOTIFIED AND ASKED TO COMPLETE EITHER A STANDARD OR NON-STANDARD APPLICATION FOR SERVICE.