



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:

IS THIS A NEW BUILD? YES NO **IF YES, A CUSTOMER SERVICE INSPECTION CERTIFICATE (CSI) IS REQUIRED TO BE PROVIDED BY APPLICANT.**

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 INVESTIGATION BY 439 PERSONENELL, YOU WILL BE NOTIFIED AND ASKED TO COMPLETE EITHER A STANDARD OR NON-STANDARD APPLICATION FOR SERVICE.

Failure to complete the Standard or Non-Standard application within 90 days after the investigation is completed, this information page and the investigation will be voided.