

SEYMOUR WATER DISTRICT
Mail Application to: P.O. Box 285 Mahomet, IL 61853
APPLICATION FOR WATER SERVICE

Application date: _____
Date you intend to move in: _____ Service Address: _____
Billing Address if different: _____
Applicant: _____ Email Address: _____
Date of Birth: _____
Drivers License #: _____ SSN: _____
Home/Cell Phone #: _____ Work Phone #: _____
Name and Address of Current Employer: _____

Co-Applicant: _____ Email Address: _____
Date of Birth: _____
Drivers License #: _____ SSN: _____
Home/Cell Phone #: _____ Work Phone #: _____
Name and Address of Current Employer: _____

All Customers must Pay \$20.00 Clerical Fee

Method of Occupancy: Own _____ Financed By: _____
*Contract Purchase _____ From Whom: _____
*Rent _____ *\$75.00 Deposit Required From Whom: _____
**New Service _____ **\$2,500.00

Previous Address: _____ How Long? _____

Personal Reference: _____ Phone: _____

Bank Reference: _____ Phone: _____

Owner Signature (Rental Units): _____

Postcard bill by mail _____ **or E-bill** _____

Application Signature: _____ **Co-Applicant Signature:** _____

RACE AND ETHNICITY DATA COLLECTION

Title VI of the Civil Rights Act of 1964 requires "Race and Ethnic" data collection from beneficiaries of federally assisted programs. Please note "Disclosure Clause" below:

"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 encouraged to do so. This information will not be used in the evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, Management is required to note race/ethnicity on the basis of visual observation or surname." If you do not wish to provide the information, please check the box below:

_____ I do not wish to furnish this information.

Ethnicity: (Mark only one)

_____ Hispanic or Latino
_____ Not Hispanic or Latino

Gender:

_____ Male _____ Female
_____ Information Provided by Management

Race: (Mark one or more)

_____ American Indian/Alaskan Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or Other Pacific Islander
_____ White

-----For Office Use Only-----

Amount Paid: _____ *Date:* _____ *Received by:* _____