

SEYMOUR WATER DISTRICT

Mail application to: P.O. Box 285 Mahomet, IL 61853

APPLICATION FOR WATER SERVICE

Date: _____ Date you intend to move in: _____

Name(s): _____ Street Address: _____

Phone Number: _____ P.O. Box: _____

Drivers License #: _____ State: _____ City: _____ IL 61875

Email Address: _____

Home Phone #: _____ Work Phone #: _____

Method of Occupancy: Own _____ Financed By: _____

* Contract Purchase _____ From Whom: _____

* Rent _____ From Whom: _____

** All Customers * \$50.00 Deposit Required

*** New Service _____ ** \$20.00 Clerical Fee *** \$2,500.00

Name & Address of Current Employer: _____

How long employed: yr. _____ mo. _____

Previous Address: _____ How Long? _____

References: _____ Phone: _____

Personal

Phone: _____

Bank

Owner Signature (Rental Units): _____

Applicant 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: _____