

SANGAMON VALLEY PUBLIC WATER DISTRICT

P.O. Box 285 Mahomet, IL 61853
Application for Water and Sewer Service

Date: _____

Applicant: _____ Co-Applicant: _____

Drivers License #: _____ Drivers License #: _____

SSN: _____ SSN: _____

Address: _____ Date you intend to move in: _____

Home Phone #: _____ Work Phone #: _____

Email Address: _____

Name and Address of Current Employer:

Applicant: _____ Co-Applicant: _____

Method of Occupancy: Own _____ Financed By: _____

* \$50 Deposit Required *Rent _____ From Whom: _____

*Contract Purchase _____ From Whom: _____

Previous Address: _____ How Long? _____

References: _____ Phone: _____

Personal

Phone: _____

Bank

Phone: _____

Credit

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

Race: (Mark one or more)

_____ American Indian/Alaskan Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

Gender:

_____ Male _____ Female

_____ Information Provided by Management

_____ White

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

Deposit Paid: Date _____ Received by: _____