

CORPORATION USE ONLY

Date \_\_\_\_\_

Route No. \_\_\_\_\_

Meter No. \_\_\_\_\_

Rate Code \_\_\_\_\_

Seq. No. \_\_\_\_\_

Mtr. Rdg. \_\_\_\_\_

EID# \_\_\_\_\_

Gate Valve \_\_\_\_\_

Inspected \_\_\_\_\_

Ease. Filed \_\_\_\_\_

Owner Notif. \_\_\_\_\_

RPZ \_\_\_\_\_

Meter Location \_\_\_\_\_

LIBERTY CITY WATER SUPPLY CORPORATION

SERVICE APPLICATION

Date \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

CO-APPLICANT'S NAME \_\_\_\_\_

BILLING ADDRESS:

SERVICE ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NO. - HOME (\_\_\_\_) \_\_\_\_\_

WORK (\_\_\_\_) \_\_\_\_\_

PREVIOUS OWNER'S NAME AND ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACREAGE \_\_\_\_\_ HOUSEHOLD SIZE \_\_\_\_\_ SQ. FT. NO. IN FAMILY \_\_\_\_\_

NO. OF LIVESTOCK \_\_\_\_\_ SPECIAL SERVICE NEEDS OF APPLICANT: \_\_\_\_\_

**NOTE: FORM MUST BE COMPLETED BY APPLICANT ONLY. A MAP OF SERVICE LOCATION REQUESTED MUST BE ATTACHED. PROOF OF OWNERSHIP MUST BE PROVIDED AT TIME OF APPLICATION. FINAL METER READING MUST BE PROVIDED BY APPLICANT AT TIME OF SERVICE TERMINATION.**

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 origins of individual applicants on the basis of visual observation or surname.

Race/National Origin:

White  Black  American Indian or  Hispanic  Asian or Pacific  Other  Male  Female  
 Alaskan Native  Islander