

CORPORATION USE ONLY

Date _____

Route No. _____

Meter No. _____

Rate Code _____

Seq. No. _____

Mtr. Rdg. _____

EID# _____

Gate Valve _____

Inspected _____

Ease. Filed _____

Owner Noti. _____

RPZ _____

Meter Location _____

LIBERTY CITY WATER SUPPLY CORPORATION

SERVICE APPLICATION

Date _____

APPLICANT'S NAME _____

CO-APPLICANT'S NAME _____

EMAIL _____

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