



CITY OF LAVONIA SERVICE APPLICATION

(PLEASE PRINT)

NAME: _____

CHECK ONE: RENT OWN BUILDER PROPERTY MGR HOME# _____

SOCIAL SECURITY OR FEDERAL TAX ID #: _____ CELL#: _____

PROPERTY ADDRESS: _____

BILLING ADDRESS: _____

EMPLOYER NAME: _____ BUSINESS#: _____

EMPLOYER ADDRESS: _____

TYPE OF SERVICE REQUESTED: WATER SEWER *OTHER (*GARBAGE IS MANDATORY FOR INSIDE CITY LIMITS ONLY.)

I have read, understood, and provided true and accurate information necessary to complete this application. I understand that any misrepresentations shall serve as a basis for denial of service.

SIGNATURE OF APPLICANT: _____ DATE: _____

EFFECTIVE DATE: _____ ALLOW 2-3 BUSINESS DAYS FOR CUT-ON OR DISCONNECTION OF SERVICES.

"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 ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OF TO DISCRIMINATE AGAINST YOU IN ANY WAY. HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, WE ARE REQUIRED TO NOTE THE RACE OR NATIONAL ORIGIN OF EACH INDIVIDUAL ON THE BASIS OF VISUAL OBSERVATION OR SURNAME."

- White/ Not Hispanic Origin Asian
- Black/ Not Hispanic Origin Native Hawaiian
- American Indian/ Alaskan Native Other
- Hispanic

Choose one of the following: Male Female Family

THIS IS AN EQUAL OPPORTUNITY PROGRAM. FEDERAL LAW PROHIBITS DISCRIMINATION. COMPLAINTS OF DISCRIMINATION MAY BE FILED WITH THE SECRETARY OF AGRICULTURE, WASHINGTON, D.C. 20250

OFFICE USE ONLY

ACCOUNT# _____ TOTAL PAID \$ _____ CASH CHECK

DEPOSIT AMOUNT: \$ _____ SET-UP _____ TRANSFER FEE \$ _____

DEPOSIT TRANSFER ACCOUNT# _____ ORIG. DATE ___ / ___ / 20___

TYPE SERVICE _____ RESIDENTIAL _____ COMMERCIAL TAP AMOUNT \$ _____