RECEIVED BY:	A/C#:
RF(FIVFI) RY:	Δ/(#:
	A/C II

TOWN OF PINE LEVEL

APPLICATION FOR UTILITY SERVICES

DATE OF APPLICATION				
NAME OF APPLICANT _				
MAILING ADDRESS				
EMAIL ADDRESS				
DATE OF BIRTH		DRIVER'S LICEN	SE #	
SOCIAL SECURITY #			PHONE #	
PREVIOUS ADDRESS				
NAME & ADDRESS OF	EMPLOYER			
EMPLOYER'S PHONE N	UMBER			
PLEASE CIRCLE: F	ENTING	BUYING		
LANDLORD'S NAME, A	DDRESS, PHONE	NUMBER:		
NAME, ADDRESS, PHO	NE NUMBER OF	RELATIVE OR REF	ERENCE NOT LIVING WITH YOU (red	quired)
DATE SERVICE IS TO BE	TURNED ON	-	<u></u>	
·			IS TRUE TO THE BEST OF MY ABILL D RESULT IN THE TERMINATION OI	-
•	•		on Brochure and I understand and a ment due dates, and Disconnection	•
SIGNATURE			DATE	_

^{*}PLEASE TURN THE PAGE OVER.....

"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 the information, but are encourage 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 the ethnicity, race, and gender of the individual on the basis of visual observation or surnames."

Ethnicity: Hispanic or Latino Not Hispanic or Latino				
Race:				
☐American Indian/ Alaskan Native				
□Asian				
□Black or African American				
☐Native Hawaiian of Other Pacific Islander				
□White				
Gender: Female Male				