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 LICENSE #	
SOCIAL SECURITY #		PHONE #_	
PREVIOUS ADDRESS			
EMPLOYER'S PHONE NU	JMBER		
PLEASE CIRCLE: R	ENTING	BUYING	
LANDLORD'S NAME, AD	DRESS, PHONE N	NUMBER:	
			OT LIVING WITH YOU (required)
DATE SERVICE IS TO BE	TURNED ON	-	
NAV CLONUNG I CERTIFY	TUAT TUE ADOM	E INCODA A TION IS TOUE T	O THE DEST OF MAY ADMILITY AND I
			O THE BEST OF MY ABILLITY, AND IN THE TERMINATION OF MY SERVICES
•	_		e and I understand and agree to the dates, and Disconnection of Water
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				