

City of Wrens

APPLICATION FOR SERVICES/BENEFITS

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Type Services Requested: \_\_\_\_\_ Water \_\_\_\_\_ Sewer \_\_\_\_\_ Gas

Do you want to enroll in Automatic Bank Draft? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

“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 note the race/national origin of the individual applicants on the basis of virtual observation or surname.”

**ETHNICITY:** Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_

**RACE:** (Mark one or more)  
White \_\_\_\_\_ Black or African American \_\_\_\_\_  
American Indian/Alaska Native \_\_\_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_\_\_

**GENDER:** Male \_\_\_\_\_ Female \_\_\_\_\_

“This is an Equal Opportunity Program: Discrimination is prohibited by Federal Law, Complaints of discrimination may be filed with USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg., 1400 Independence Ave., SW, Washington, DC 20250-9410.”

Office Use Only

Account# \_\_\_\_\_ Service: Residential \_\_\_ Business \_\_\_ Other \_\_\_

Amount of Deposit: \_\_\_\_\_ Date Paid \_\_\_\_\_ Cash \_\_\_ Check \_\_\_ Credit \_\_\_

Other Information: \_\_\_\_\_  
\_\_\_\_\_