

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: _____
