

PAWNEE COUNTY RURAL WATER DIST. #2

Account# _____

Application for Water Service

Location _____

Septic Approval _____

Rt & Seq# _____

PREVIOUS OWNER OR LANDLORD _____

Applicant's Name _____

Co-Applicant _____

Phone Number _____ Cell Phone _____ Message# _____

Current Billing Address: _____

Future Billing Address: _____

Name & Address of Employer: _____

Co-Applicant Employer _____

Previous Owner's Name & Address (if Transferring Membership) _____

Nearest Relative or Friend Not Living With You: _____

Relationship: _____ Phone _____ Address _____

City _____ Zip _____

Number Of Persons Occupying Premises: _____ Acreage _____ House or Mobile

Are You Buying Property _____ or Renting _____ ?

Landlord or Mortgage Holder: _____

Address _____ City _____ Zip _____ Phone _____

The undersigned hereby applies to the Pawnee Co. Rural Water District #2 for Membership and/ or water service, and hereby agrees that upon approval hereof, will comply with and be bound by all Rules and Regulations of the Water District and to pay any and all fees, assessments or other lawful amounts chargeable to members.

The Water District reserves the Right to increase the deposit on delinquent accounts. If meter is locked for delinquency the deposit will be increased, each time service is disconnected. The account will be paid in full, plus deposit and service charge before service will be restored.

If you would like Fire Dues added to your monthly bill please circle YES or NO.

Date _____ Amount Paid _____ Ck# _____

Cash/MO Receipt # _____ Copy of drivers license provided? _____

**TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 REQUIRES THAT
RECIPIENTS OF FEDERAL ASSISTANCE COMPILE RACE/ETHNIC
INFORMATION ON APPLICATIONS TAKEN WHICH IS UTILIZED BY
THE GOVERNMENT FOR MONITORING PURPOSES.**

Text to be contained on the application form:

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for loan and grant Programs In order to monitor borrower/grantee compliance with Civil Rights Act of 1964. you are not required to furnish this information, but are encouraged to do so. The law provides that an entity or lender may not discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this entity is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below:

APPLICANT

☐ I do not wish to furnish this information.

Race/National Origin:
(Select one or more)

- ☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or other Pacific Islander
☐ Black or African American
☐ Hispanic or Latino
☒ White
☐ Other (specify) _____

Sex: ☐ Female ☐ Male

CO-APPLICANT

☐ I do not wish to furnish this information

Race/National Origin:
(Select one or more)

- ☒ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or other Pacific Islander
☐ Black or African American
☐ Hispanic or Latino
☐ White
☐ Other (specify) _____

Sex: ☐ Female ☒ Male

TO BE COMPLETED BY INTERVIEWER:

This application was taken by: ☐ face to face interview ☐ by telephone ☐ by mail

Applicant's Name: (print or type) _____

Co-Applicant's Name: (print or type) _____

Interviewer's Name: (print or type) _____

Interviewer's Signature: _____

DATE: _____