

Deposit Rcv'd _____
Amount \$ _____
Not Required

**CITY OF ALTAMONT
APPLICATION FOR UTILITY SERVICE**

ALL BLANKS MUST BE COMPLETED BEFORE SERVICES WILL BE PROVIDED

PLEASE PRINT

Name: _____ Name: _____
(maiden name) (maiden name)

SS# _____ SS# _____

Drv. Lic # _____ Drv. Lic. # _____

Date of Birth _____ Date of Birth _____

Employer _____ Employer _____

Previous Address _____ Previous Address _____

Service Address: _____ Mailing Address: _____

City, State, Zip _____ City, State, Zip _____

Phone _____ Phone _____

Name of all other occupants at this residence: _____ Nearest relative NOT living with applicant: _____

Account # _____ Electric Meter # _____ Water Meter # _____

We/I the undersigned agree to comply with the ordinances, regulations, and policies of the City of Altamont. WE/I HEREBY ACKNOWLEDGE AND AGREE THAT PAYMENTS WILL BE MADE ON THIS ACCOUNT IN ACCORDANCE WITH THE TERMS ON THE MONTHLY STATEMENT AND TO PAY ANY LATE PAY PENALTIES OR RECONNECT FEES AS ASSESSED. IN THE EVENT PAYMENT IS NOT MADE PROMPTLY AND IT BECOMES NECESSARY TO INSTITUTE COLLECTION PROCEDURES INCLUDING LITIGATION, WE/I AGREE TO PAY REASONABLE FEES PLUS OTHER COSTS NECESSARILY INCURRED IN THE COLLECTION OF THIS ACCOUNT. IN THE EVENT WE ARE IN RECEIPT OF A DISCONNECT NOICE, I/WE AGREE THE CITY WILL BE DISCLOSING THE DISCONNECT TO THE PROPERTY OWNER.

I HAVE READ AND UNDERSTAND THE ABOVE AND THE INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ACKNOWLEDGE RECEIPT OF A COMPLETED COPY OF THIS APPLICATION.

Signature Date

Signature Date

CONTINUED ON REVERSE

The information solicited on this application is requested by the City of Altamont in order to assure the Federal Government, acting through USDA Rural Development that Federal Laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap are complied with. 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 furnish it, the City of Altamont is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.

HEAD OF HOUSEHOLD

(check as appropriate)

<u>Race</u>	<u>Ethnicity</u>	<u>Marital Status</u>	<u>Sex</u>
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Married	<input type="checkbox"/> Male
<input type="checkbox"/> Asian	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Separated	<input type="checkbox"/> Female
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Unmarried	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
<input type="checkbox"/> White			
<input type="checkbox"/> Other			