## DATE **CUSTOMER INFORMATION Please Print** NAME\_\_\_ (Middle Initial) (Last) (First) S.S.#\_\_\_\_\_ DR. LICENSE#\_\_\_\_ MAILING ADDRESS: PHYSICAL ADDRESS: HOME #\_\_\_\_\_CELL#\_\_ SPOUSE NAME: \_\_\_\_\_CELL#\_\_\_\_ D.O.B\_\_\_\_\_SIGNATURE:\_\_\_\_ OFFICE USE ONLY PREVIOUS CUSTOMER\_\_\_\_\_ CUSTOMER#\_\_\_CUSTOMER LOCATION#\_\_ (DP) Deposit Amount: Check# M.O. CC (CC) Connection Fee:\_\_\_\_\_ Check#\_\_\_\_\_M.O.\_\_\_CC\_\_\_\_ (IN) Installation Charge: \_\_\_\_ Check#\_\_\_\_\_ M.O.\_\_\_ CC\_\_\_\_ (PY) Previous Balance: EXISTING METER\_\_\_\_ NEW INSTALLATION\_\_\_\_ CHECK ONE: INSTALLATION DATE: INSTALLED BY: LINE SIZE\_\_\_\_ WO# METER ID#\_\_\_\_\_BEGINNING READING\_\_\_\_ SERIAL #\_\_\_\_UNLOCK BY:\_\_\_\_ UNLOCK DATE\_\_\_\_\_ DATE ENTERED IN SYSTEM\_\_\_\_\_ **OFFICE USE ONLY** LOCK DATE\_\_\_\_LOCKED BY:\_\_\_\_ CLOSING READING\_\_\_\_\_ NET DEPSOIT REFUND: CK#\_\_\_\_DATE#\_\_\_\_

AMOUNT TRANSFERRED TO OPERATIONS: CK# DATE

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against customer applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability 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, we are required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Ethnicity:
Hispanic or Latino
Not Hispanic or Latino
Race:
American Indian/Alaska Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White
Other
Gender:
Male
Female
INFORMATION FOR ALERT SYSTEM
(PLEASE PRINT CLEARLY)
NAME
E-MAIL
CELL#
PHONE CARRIER