

CITY OF HAMILTON
WATER/SEWER DEPARTMENT
PO BOX 112
HAMILTON, GEORGIA 31811
706-628-5321 FAX 706-628-9520
REBECCA CHAMBERS, MAYOR

NEW CUSTOMER WATER/SEWER SERVICE

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 BUILDING, 1400 INDEPENDENCE AVENUE, SW, WASHINGTON, D.C. 20250-9410.

HAVE YOU EVER HAD SERVICE WITH US BEFORE? ___ YES ___ NO

IF YES, WHEN? _____
YEAR AND ADDRESS

DATE: _____ DOB: _____

NAME/COMPANY: _____ SPOUSE NAME: _____

SOCIAL SECURITY NUMBER: _____ SPOUSE SS#: _____

DRIVER LIC. #/STATE: _____ SPOUSE DL#/STATE: _____

SERVICE ADDRESS: _____

BILLING ADDRESS: _____

EMPLOYED BY: _____
Name of company, address, and phone number

SPOUSE EMPLOYER: _____
Name of company, address, and phone number

HOME PHONE: _____ YOUR WORK NUMBER: _____

SPOUSE WORK NUMBER: _____ YOUR CELL PHONE NUMBER: _____

SPOUSE CELL PHONE: _____ DATE TO START SERVICE: _____

IF RENTING, OWNER: _____ PURCHASE/PRIOR OWNER: _____

“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 TO NOT FURNISH IT, WE ARE REQUIRED TO NOTE THE RACE/NATIONAL ORIGIN OF THE INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.”

EHTNICITY: HISPANIC OR LATINO _____
NOT HISPANIC OR LATINO _____

RACE: (MARK ONE OR MORE)

WHITE _____ BLACK OR AFRICAN AMERICAN _____

AMERICAN INDIAN OR ALASKA NATIVE _____ ASIAN _____

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____

GENDER: MALE _____ FEMALE _____

SIGNATURE: _____

SPOUSE SIGNATURE: _____

.....
INITIAL METER READING: _____ DATE: _____

DEPOSIT: _____ WATER: _____ SEWER: _____

CHECK NUMBER _____ CASH _____

DEPOSIT REFUND AMOUNT _____ DATE _____

DEPOSIT AMOUNT APPLIED TO FINAL BILL _____ DATE _____