

VIOLET WATER SUPPLY CORP. **RENTERS APPLICATION**

<u>CORPORATION USE ONLY</u> Date Approved: _____ Account Number: _____

Please Print: DATE _____ SERVICE TO START ON: _____

APPLICANT'S NAME _____

MEMBER'S NAME _____

CURRENT BILLING ADDRESS: _____

PHONE NUMBER - Home (____) ____ - ____ Work (____) ____ - ____ CELL PHONE (____) ____ - ____

E-MAIL ADDRESS: _____

DRIVER'S LICENSE NUMBER OF APPLICANT _____

HOUSE: _____ MOBILE HOME: _____ RENTAL PROPERTY: _____

NUMBER IN FAMILY: ADULTS _____ CHILDREN _____

SPECIAL SERVICE NEEDS OF APPLICANT:

NOTE: FORM MUST BE COMPLETED BY RENTER ONLY

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 furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

- White, Not of Hispanic Origin Black, Not of Hispanic Origin American Indian or Alaskan Native Hispanic Asian or Pacific Islander Other (Specify) | Male | Female

EQUAL OPPORTUNITY PROGRAM