

# Pollok-Redtown Water Supply Corporation SERVICE APPLICATION

## CORPORATION USE ONLY

Date Approved: \_\_\_\_\_  
Service Classification: \_\_\_\_\_  
Cost: \_\_\_\_\_  
Work Order Number: \_\_\_\_\_  
Eng. Update: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Service Inspection Date: \_\_\_\_\_

**Please Print:**

DATE \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ PHYSICAL (911) ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER Preferred # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DRIVER'S LICENSE NUMBER OF APPLICANT (attach a copy of DL) \_\_\_\_\_

NUMBER IN FAMILY \_\_\_\_\_

PERSONAL REFERENCE \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Name) (Phone Number)

PREVIOUS OWNER'S NAME AND ADDRESS (if transferring Membership)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LANDLORD'S NAME AND ADDRESS (if renting)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: FORM MUST BE COMPLETED BY APPLICANT ONLY.  
A MAP OF SERVICE LOCATION REQUEST MUST BE ATTACHED.**

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.

**Ethnicity:**  Hispanic or Latino  Not of Hispanic or Latino  
**Race:**  White  Black or African American  American Indian/Alaska Native  
 Asian  Native Hawaiian or Other Pacific Islander  
**Gender:**  Male  Female

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