

**SEYMOUR WATER DISTRICT**  
**APPLICATION FOR WATER SERVICE**

Date: \_\_\_\_\_ Date you intend to move in: \_\_\_\_\_

Name(s): \_\_\_\_\_ Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ IL 61875

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Method of Occupancy: Own \_\_\_\_\_ Financed By: \_\_\_\_\_

\* Contract Purchase \_\_\_\_\_ From Whom: \_\_\_\_\_

\* Rent \_\_\_\_\_ From Whom: \_\_\_\_\_

\*\* All Customers

\*\*\* New Service \_\_\_\_\_

Name & Address of Current Employer: \_\_\_\_\_

\_\_\_\_\_ How long employed: yr. \_\_\_\_\_ mo. \_\_\_\_\_

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_

References: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal

\_\_\_\_\_ Phone: \_\_\_\_\_

Bank

Owner Signature (Rental Units): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Co-Applicant Signature: \_\_\_\_\_

\* \$50.00 deposit required

\*\* \$20.00 clerical fee

\*\*\* \$2,500.00

**RACE AND ETHNICITY DATA COLLECTION**

Title VI of the Civil Rights Act of 1964 requires "Race and Ethnic" data collection from beneficiaries of federally assisted programs. Please note "Disclosure Clause" below:

**"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 the program. You are not required to furnish this information, but encouraged to do so. This information will not be used in the evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, Management is required to note race/ethnicity on the basis of visual observation or surname."**

If you do not wish to provide the information, please check the box below:

\_\_\_\_\_ I do not wish to furnish this information.

**Ethnicity: (Mark only one)**

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Not Hispanic or Latino

**Gender:**

\_\_\_\_\_ Male \_\_\_\_\_ Female

\_\_\_\_\_ Information Provided by Management

**Race: (Mark one or more)**

\_\_\_\_\_ American Indian/Alaskan Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

**-----For Office Use Only-----**

Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Received by: \_\_\_\_\_