

**SUMMIT PARK PUBLIC SERVICE DISTRICT
APPLICATION FOR RESIDENTIAL SERVICE**

ACCT # _____

WATER ONLY () SEWER ONLY () BOTH WATER AND SEWER SERVICE () () APPLICATION UPDATE

ARE YOU A NEW CUSTOMER ()

OR PREVIOUS CUSTOMER () WHEN _____ UNDER WHAT NAME _____

APPLICANT NAME _____ S.S# _____ CONTACT # _____

PLACE OF EMPLOYMENT _____ WORK# _____

ADDITIONAL NAME _____ S.S# _____ CONTACT # _____

PLACE OF EMPLOYMENT _____ WORK # _____

EMAIL ADDRESS _____ ADDITIONAL CONTACT # _____

PROPERTY LOCATION _____

MAILING ADDRESS IF NOT THE SAME _____

OWNER () TENANT () - PROPERTY OWNER'S NAME _____

PROPERTY OWNERS ADDRESS _____ CONTACT # _____

TOTAL NUMBER OF PERSONS IN YOUR HOUSEHOLD _____

Please list any persons you grant permission to inquire about your account _____

I HEREBY AUTHORIZE SERVICE TO BE ESTABLISHED IN MY NAME AT THE ABOVE PROPERTY LOCATION AND AGREE TO PAY FOR SERVICE UNTIL DISCONTINUED BY MY REQUEST IN WRITING. THIS APPLICATION IS ACCEPTED SUBJECT TO THE AVAILABILITY OF SERVICE AT THIS LOCATION.

BE ADVISED IT IS RESPONSIBILITY OF THE PROPERTY OWNER TO MAINTAIN THE CUSTOMER SERVICE PIPE, IN GOOD CONDITION AND FREE FROM ALL LEAKS AND DEFECTS, FROM POINT OF SERVICE TO THE PREMISE INCLUDING INSIDE PLUMBING AND APPLIANCES. THE UTILITY RESERVES THE RIGHT TO DISCONTINUE SERVICE IF THERE IS A FAILURE TO COMPLY.

APPLICANT'S SIGNATURE _____ DATE _____

APPLICANT'S SIGNATURE _____ DATE _____

UTILITY REPRESENTATIVE _____ DATE _____

"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."

RACE (mark one or more)

AMERICAN INDIAN / ALASKAN NATIVE _____ ASIAN _____ BLACK / AFRICAN AMERICAN _____ NATIVE HAWAIIAN / PACIFIC ISLANDER _____ WHITE _____

ETHNICITY (CHECK ONE)

HISPANIC OR LATINO _____ NOT HISPANIC OR LATINO _____

OFFICE USE ONLY

ACCT # _____ DEPOSIT AMOUNT _____ TAP FEE AMOUNT W/S _____

METER SIZE _____ METER SERIAL # _____ METER RADIO ID _____ METER ROUTE _____

METER READING _____ DATE ON _____ PRO-RATE DAYS/USAGE _____

DATE OFF _____ CUST. REQUEST () TERMINATION () FINAL READING _____

PRO-RATE DAYS/USAGE _____