



APPLICATION FOR SERVICE

RESIDENTIAL ACCOUNTS

NEW SERVICE TRANSFER SERVICE NAME CHANGE OTHER

PLEASE PRINT

FIRST NAME: _____ LAST NAME: _____ M.I.: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DRIVER LICENSE STATE: _____ NUMBER: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

EMAIL ADDRESS: _____

CELL PHONE OR HOME PHONE: _____

WORK PHONE: _____

PLACE OF EMPLOYMENT: _____

DESCRIPTION OF HOME: _____

HOUSE OR MOBILE HOME OWN OR RENT

“The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Utilities Service that the Federal laws prohibiting discrimination against participant applications on the basis or race, color, national origin, religion, sex, familial status, age and disability are complied with. 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 choose not to furnish it, the owner is required to note the race, ethnicity and sex of the individual applicants on the basis of visual observation or surname.”

Please circle all that apply: GENDER: Male or Female

ETHNICITY: Hispanic / Latino or Non-Hispanic / Latino

RACE: (Circle one or more) American Indian / Alaska Native Asian

Black or African American

Native Hawaiian / Other Pacific Islander

White Other: _____

“THIS GOVERNMENT OFFICE IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER”

SIGNATURE: _____ DATE: _____

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FOR OFFICE USE ONLY

Account# _____ Date Opened: _____ Receipt# _____

Deposit Amount: _____ Ck# _____ or Cash