

RENTER APPLICATION FOR WATER SERVICE

Ketchum Public Works Authority
PO BOX 958, Ketchum, OK 74349
Phone (918) 782-2123 Fax (918) 782-2690

Acct # _____ Seq # _____

OWNERS NAME: _____

OWNERS PHONE: _____

Please fill out form below:

Name: _____

Billing Address: _____

City: _____, **State:** _____, **ZIP:** _____

Physical Address: _____

City: _____, **State:** _____ **ZIP:** _____

Place of employment: _____

Address of employment: _____

Phone Numbers:

Home: _____

Work: _____

Other: _____

<u>Service:</u>	<u>Amount:</u>	<u>Your Fee:</u>
Connect fee	80.00	_____
Meter Deposit	100.00	_____
Meter fee	100.00	_____
	Total	_____
	Due:	=====

I hereby agree to all KPWA policies (ASK FOR COPY).

DATE

SIGNATURE

Auto Draft Stop _____

Auto Draft Add _____

SECURITY QUESTION

DATE: _____

ACCOUNT: _____

SEQ: _____

Question

Answer

A. Pets Name?

B. Mother's Maiden name?

C. City you were born in?

Customer Signature

**TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 REQUIRES THAT
RECIPIENTS OF FEDERAL ASSISTANCE COMPILE RACE/ETHNIC
INFORMATION ON APPLICATIONS TAKEN WHICH IS UTILIZED BY
THE GOVERNMENT FOR MONITORING PURPOSES.**

Text to be contained on the application form:

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for loan and grant Programs In order to monitor borrower/grantee compliance with Civil Rights Act of 1964. you are not required to furnish this information, but are encouraged to do so. The law provides that an entity or lender may not discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this entity is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below:

APPLICANT

I do not wish to furnish this information.

Race/National Origin:
(Select one or more)

- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Black or African American
- Hispanic or Latino
- White
- Other (specify) _____

Sex: Female Male

CO-APPLICANT

I do not wish to furnish this information

Race/National Origin:
(Select one or more)

- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Black or African American
- Hispanic or Latino
- White
- Other (specify) _____

Sex: Female Male

TO BE COMPLETED BY INTERVIEWER:

This application was taken by: face to face interview by telephone by mail

Applicant's Name: (print or type) _____

Co-Applicant's Name: (print or type) _____

Interviewer's Name: (print or type) _____

Interviewer's Signature: _____

DATE: _____

Please return with copy of photo ID.

Thank you.