

REQUEST FOR WATER SERVICE
CITY OF RINGGOLD
150 Tennessee Street • Ringgold, GA 30736

Date: _____

Acct. No. _____

Meter No. _____

Meter Reading _____

NAME OF APPLICANT: _____ NAME OF SPOUSE: _____

ADDRESS FOR WATER SERVICE: _____ PHONE NO.: _____

MAILING ADDRESS: _____

EMPLOYER'S NAME: _____ PHONE NO.: _____

EMPLOYER'S ADDRESS: _____

SPOUSE'S EMPLOYER NAME: _____ PHONE NO.: _____

SPOUSE'S EMPLOYER'S ADDRESS: _____

OWNER OF RESIDENCE FOR WATER SERVICE: _____

NEAREST CONTACT PERSON NOT LIVING IN YOUR HOUSEHOLD: _____ PHONE NO.: _____

HAVE YOU HAD PREVIOUS WATER SERVICE IN CITY? _____ DATE: _____

I understand that water bills are to be paid by the 15th of each month. A 10 percent penalty applies to bills not paid by the 15th of each month. If not paid by the 15th of the month, water service may be discontinued without notice. A reconnection fee will be charged when restoring water service. Deposit will be refunded upon notification of termination of service, less any outstanding balance due the city.

"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 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."

White, not of Hispanic origin Hispanic Asian or Pacific Islander
 Black, not of Hispanic origin American Indian or Alaskan native

"This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D.C. 20250."

SIGNATURE OF APPLICANT

AMOUNT OF DEPOSIT

SOCIAL SECURITY NO.

SIGNATURE OF CITY REPRESENTATIVE