

AND-TRO WATER AUTHORITY
14100 OLD STATE ROAD 37
P.O. BOX 603
TELL CITY, IN 47586
812-836-2020 FAX 812-836-2022

APPLICATION FOR SERVICE

AN EQUAL OPPORTUNITY PROVIDER

Transfer of service please complete sections 1 and 2 only. New meter installation complete 1, 2, and 3. Please sign, date and return as soon as possible. Please include a middle initial on form.

1. Name _____

Service Address _____

City _____ Zip _____

Telephone (____) _____ Cell (____) _____

Owner of Property Renter/ Lessee Purchasing on Contract or Rent to Own

2. **INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

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.

APPLICANT: I do not wish to furnish this information

Ethnicity/Race/National Origin: (Select one or more)

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaska Native (not Alaskan) |
| <input type="checkbox"/> NOT Hispanic or Latino | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other |
| <input type="checkbox"/> 2 or More | |

Gender: Female Male

3. **NEW METER INSTALLATION ONLY**

State Highway Permit Yes No
Perry County Highway Permit Yes No

Once the meter is installed water charges to the user commence on the date that service is made available.

I agree to sign all necessary papers required by the water utility and to abide by all rules and regulations of the company.

Date _____
Customer _____

Application take by _____
Customer _____