

# CITY OF IVEY APPLICATION FOR SERVICES

Name: \_\_\_\_\_

Telephone # \_\_\_\_\_

Property Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Type Service Requested: \_\_\_\_\_ Water \_\_\_\_\_ Sewer \_\_\_\_\_ Other \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ 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 the individual applicants on the basis of virtual observation or surname.”

ETHNICITY: Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_

RACE: (Mark one or more.)

White \_\_\_\_\_ Black or African American \_\_\_\_\_

American Indian/Alaska Native \_\_\_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_\_\_

GENDER: Male \_\_\_\_\_ Female \_\_\_\_\_

The City is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

## Office Use Only

Account # \_\_\_\_\_ Service \_\_\_\_\_ Residential \_\_\_\_\_ Business \_\_\_\_\_ Other \_\_\_\_\_

Amount of Deposit: \_\_\_\_\_ Date paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_