

APPLICATION FOR CITY SERVICES

Name _____ DL# _____
Service Address _____ Mailing Address _____
Your Employer _____
Marital Status _____ Telephone Number _____
Spouse/Roommate's Name _____ DL# _____
Nearest Relative's Name/Address _____
Have you ever had service with City of Eastman before? Yes _____ No _____
If yes: Name(s) _____
Address _____
Own _____ Buying _____ Renting _____ (Landlord's Name/Address) _____

I, the undersigned, state that the above information is true and any false information given could result in termination of city services. The City is not responsible for damages that may occur in faucets are open at the time service is turned on.

Signature of Customer _____ (Over) _____ 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 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 racial/ethnic origin and gender of individual applicants on the basis of visual observation or surname.

- | | | |
|--|-----------------------------------|---------------------------------|
| <input type="checkbox"/> White, not of Hispanic origin | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Male |
| <input type="checkbox"/> Black, not of Hispanic origin | <input type="checkbox"/> Asian | <input type="checkbox"/> Female |
| <input type="checkbox"/> American Indian or Alaskan Native | | |

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints or discrimination should be sent to: USDO, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 895-3272 (voice) or (202) 720-5322 (TDD).