

TOWN OF FRIENDSHIP WATER/SEWER SERVICE REQUEST

PROPERTY OWNER: _____

SERVICE ADDRESS: _____

BILL IN NAME OF: _____

BILLING ADDRESS: _____

PHONE NUMBER _____

START SERVICE: _____

END SERVICE: _____

SIGNED 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 individual applicants on the basis of visual observation or surname.

ETHNICITY: HISPANIC OR LATINO _____

NOT HISPANIC OR LATINO _____

RACE: (MARK ONE OR MORE) WHITE _____, BLACK _____,

AFRICAN AMERICAN _____, ASIAN _____,

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____

GENDER: MALE _____ FEMALE _____

This institution 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, 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 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) 609-7442 or email at program.intake@usda.gov.