

CITY OF YOUNG HARRIS
P.O. BOX 122
YOUNG HARRIS, GA. 30582
706-379-3171

APPLICATION FOR SERVICES/BENEFITS

NAME: _____

PROPERTY ADDRESS: _____
Street City Zip

BILLING ADDRESS: _____
Street or PO Box City State ZIP

EMAIL ADDRESS: _____ **PHONE NUMBER:** _____

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 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.

RACE: (MARK ONE OR MORE)

___ WHITE ___ BLACK OR AFRICAN AMERICAN ___ ASIAN
___ AMERICAN INDIAN OR ALASKAN NATIVE
___ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

ETHNICITY: ___ HISPANIC OR LATINO GENDER: ___ MALE ___ FEMALE
___ NOT HISPANIC OR LATINO

“This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg., 1400 Independence Ave. SW, Washington, DC 20250-9410”.

OFFICE USE ONLY

ACCOUNT #: _____ **SERVICE:** ___ RESIDENTIAL ___ BUSINESS ___ OTHER

AMOUNT OF DEPOSIT: _____ **DATE PAID:** _____ **CASH** ___ **CHECK** _____

**Application for Services – Page 2
Confidential Information**

This page is to be handed back to the customer once it is entered into the computer.

Name: _____

Social Security Number: _____

Driver's License Number: _____

State: _____