

Account: _____



Town of Ferdinand
2065 Main Street
FERDINAND, IN 47532-0007
Phone 812-367-2280
Fax 812-367-1303
E-mail: twnofferdinand@psci.net
www.ferdinandindiana.org

Application for Utilities:

Date of Application: ____/____/____ Service to Begin: ____/____/____

Name of Applicant(s): _____ Social Security Number: _____
And Driver's License Number: _____
: _____ Social Security Number: _____
And Driver's License Number: _____

Ferdinand Address: _____

Mailing Address for Utility Bill (if different from above): _____

If applicant is a tenant, please fill in Name & Contact information of owner of the property:

Name & Address: _____

Phone: _____

Work Number(s): _____ & _____ (For Emergency Reasons Only)

E-Mail: _____

Telephone Number(s) Home: _____ Cell Phone(s): _____

Previous Address: _____ City: _____ State: _____

Prior Utility Service Dates (at PREVIOUS address): From: _____ to: _____

Last Utility Company(s): _____

Electric Co: _____, City: _____

Water Co: _____, City: _____

Sewer Co.: _____, City: _____

Gas Co.: _____, City: _____

If Utilities were in another name(s),
please list name(s) & address:

Name: _____

Address: _____

Phone number: _____

I request the Utility Service at the above location and will be responsible for all related charges. I agree to pay all collection cost and attorney fees incurred in the recovery of any past due balance(s). I hereby authorize the release of the information.

Signed: _____

: _____

****Please provide a copy of your driver's license(s) with the utility application, for identification purposes. Also fill out the back side of the application. Thank You.

To Utility Provider:

The above named person(s) has requested utility service from this utility and has indicated that they were a prior or current customer. We would appreciate the following information. Please circle the correct answer.

- (1) Has the applicant been a customer of yours in the past two years? ____ (Yes) (No)
- (2) Does the applicant have any outstanding balances due you? ____ (Yes) (No)
- (3) Did the applicant, during the past two years, have more than two delinquent bills? ____ (Yes) (No)
- (4) Within the past two years has the applicant had service disconnected for nonpayment? ____ (Yes) (No)

PLEASE MAIL OR FAX OR E-MAIL TO THE OFFICE ADDRESS ABOVE. THANK YOU

METER DEPOSIT MADE: ____ Yes ____ No Amount: \$ _____

Date Paid: ____/____/____ Rec #: _____

DATA COLLECTION
Title VII Civil Rights Act of 1964

Under Title VI Civil Rights Act of 1964 recipients of Rural Development assistance must maintain, for compliance review and discrimination complaint investigation purposes by Rural Development and other appropriate agencies, various types of data by race and national origin. The recipient must maintain this data to show the extent to which members of protected groups are participants and beneficiaries of the Rural Development assisted program. The following statement and data collection should be used on all application forms:

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 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: Hispanic or Latino
 Not Hispanic or Latino

Race/National Origin (select one or more):

American Indian or Alaska Native (not Alaskan)
Asian
Native Hawaiian or Other Pacific Islander
Black or African American
White

Gender: Female
 Male