

CITY OF NAPA VINE UTILITY SERVICE

MOVE IN

DATE: _____ PHONE # _____

DRIVER'S LICENSE _____ SSN# _____

APPLICANT _____ Date of Birth: _____

CO-APPLICANT: _____ PHONE # _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

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.

How many reside in home? _____

Applicant: ___ I do not wish to furnish this information.	Co Applicant: ___ I do not wish to furnish this information.
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

FOR OFFICE USE ONLY

PLEASE CHECK ACCOUNT FOR OUTSTANDING BILL

ACCOUNT # _____ POSTED _____

WATER DEPARTMENT

TURN ON DATE: _____ READING: _____ INI: _____

RENTAL DEPOSIT: YES NO RECEIPT # _____

NOTIFY LEMAY OF NEW SERVICE: PHONE EMAIL

DOG LICENSE

OWN A DOG NO YES – HOW MANY? _____ RECEIPT NO: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382