

# DELAWARE COUNTY RW#6 – APPLICATION FOR SERVICE

Date to Connect Service: \_\_\_\_\_ Service Address: \_\_\_\_\_

RW#6/GMSA Account Number: \_\_\_\_\_

Primary Applicant Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Co-Applicant Phone Number: \_\_\_\_\_ Copy of Driver's License \_\_\_\_\_

Mailing Address for Bill: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

\$50 Transfer of Service: \_\_\_\_\_ Former Owner: \_\_\_\_\_

\$50 Transfer of Service: \_\_\_\_\_ Landlord/Owner: \_\_\_\_\_  
Landlord/Owner Phone #: \_\_\_\_\_

\$1,000 Water New Service (plus meter fee to GMSA) \_\_\_\_\_ Meter Size: \_\_\_\_\_  
(pays for membership to RW#6 and digging from main to meter)

**\$792.50 Reconnect Fee (if shut off for non-pay or request shut off)**

For the service requested, the customer agrees to pay GMSA and Delaware County RW#6 the standard rate each month at the rate that is established. Service will be furnished under RW#6 rules, regulations and conditions of service; copy of which is on file at the RW#6 office.

Date of Application: \_\_\_\_\_ Customer Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Co-Applicant Signature: \_\_\_\_\_

GMSA initials: \_\_\_\_\_

**TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 REQUIRES THAT  
RECIPIENTS OF FEDERAL ASSISTANCE COMPILE RACE/ETHNIC  
INFORMATION ON APPLICATIONS TAKEN WHICH IS UTILIZED BY  
THE GOVERNMENT FOR MONITORING PURPOSES.**

Text to be contained on the application form:

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

*The following information is requested by the Federal Government for loan and grant Programs In order to monitor borrower/grantee compliance with Civil Rights Act of 1964. you are not required to furnish this information, but are encouraged to do so. The law provides that an entity or lender may not discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this entity is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below:*

**APPLICANT**

I do not wish to furnish this information.

Race/National Origin:  
(Select one or more)

- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Black or African American
- Hispanic or Latino
- White
- Other (specify) \_\_\_\_\_

Sex:  Female  Male

**CO-APPLICANT**

I do not wish to furnish this information

Race/National Origin:  
(Select one or more)

- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Black or African American
- Hispanic or Latino
- White
- Other (specify) \_\_\_\_\_

Sex:  Female  Male

**TO BE COMPLETED BY INTERVIEWER:**

This application was taken by:  face to face interview  by telephone  by mail

Applicant's Name: (print or type) \_\_\_\_\_

Co-Applicant's Name: (print or type) \_\_\_\_\_

Interviewer's Name: (print or type) \_\_\_\_\_

Interviewer's Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

