

DECATUR COUNTY RURAL WATER CORPORATION

Member Name: _____

(Owner/Renter)

SSN: _____

DOB: _____

Service Location: _____

Billing Address: _____

I/We acknowledge that the above information is correct.

Member

Member

Comments: _____

DCRW initial _____ Date _____

"An Equal Opportunity Provider and Employer"

E-mail address: _____

Home Phone: _____

Cell Phone: _____

Text: Yes or No _____

Cell Phone Carrier: _____

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, ethnicity and sex of applicants on the basis of visual observation or surname.

I do not wish to furnish this information

Ethnicity:

Hispanic or Latino Not Hispanic or Latino

Race: (Mark all that apply)

White Black or African American

Asian American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Sex: Male Female

For Office Use:

Copy of Photo ID _____

Membership Receipt No.: _____

Tap Receipt No.: _____

Meter ID: _____

Transpondit No.: _____

Membership Certificate No.: _____

Journal Entries:

Database: _____

Membership: _____

Certificate Listing: _____

Tap: _____

Utility: _____

Account Number: _____