

**Public Water Supply District No. 2
of Stone County, Missouri**

Water User Application and Agreement

DISTRICT USE ONLY

Date Approved _____

Service Classification _____

Work Order # _____

Service Inspection Date _____

Fees Due _____ Fees Paid _____

Account # _____

Please Print Date _____

Applicant's Name _____

Co-Applicant's Name _____

Service Address

Billing Address

Phone Number – Home (_____) _____

Work (_____) _____

Cell (_____) _____

Email Address: _____

Driver's License Number of Applicant _____

(Attach a Copy of Applicant Driver's license)

Do you Own _____ Rent _____

If renting, Landlord's Name _____

Landlord's Address _____

Landlord's City/State/Zip Code _____

Number in Family _____

Special Service Needs of Applicant _____

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.

White, Nor of Hispanic Origin (Specify) Black, Not of Hispanic Origin American Indian or Alaskan Native Hispanic Asian or Pacific Islander Other

Male Female