

Worth Township Water & Sewer Service Application

Service Address: _____ Applying for: Water _____ Sewer _____

Owner's Name: _____

Billing Address _____ City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

_____(Initial) **Yes, I would like to receive my bill via e-mail** and I understand that I will not get a physical bill via the US postal mail service. My Email Address is _____

Name of person licensed and insured installing service _____

Is their business registered with Worth Township? Yes _____ No _____

Are you already hooked to municipal water? Yes _____ No _____

Are you going to continue to operate your well? (for outdoor use only) Yes _____ No _____

By signing below I agree to adhere to all of the Worth Township DPW ordinances, rules, regulations, policies and procedures. I also understand that these items are subject to change with or without notice.

Signature _____ Printed Name _____

Date _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government. You are not required to furnish this information, but are encouraged to do so. The law provides that an applicant may not be discriminated either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, we are required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below.

BORROWER:

_____ I do not wish to furnish this information.

Sex:

_____ Female

_____ Male

Race:

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

Ethnicity:

_____ Hispanic or Latino

_____ Not Hispanic or Latino

For Office Use Only

Treasurer approved assessment or connection charges paid? Initials _____ Date _____

Date Installed _____ Meter # _____ Serial # _____

Location of Meter _____

Date Application Fee Paid _____ Permit #: _____

Worth Township is an equal opportunity provider and employer.

Form updated July 25, 2019