

CITY OF WEST LIBERTY
GAS & WATER APPLICATION

NAME _____

PHYSICAL ADDRESS _____

MAIL ADDRESS _____

PHONE NO. _____ SOCIAL SECURITY NO. _____

Have you had Service with the City of West Liberty _____ Yes _____ No

If so was it Water _____ Gas _____

What services are you applying for Water _____ Gas _____

New Service _____ Existing Service _____

Name of Property Owner _____

Previous Customer _____

Please complete the following information so that the City of West Liberty will be in compliance with Title VI of the Civil Rights Act of 1964.

The information regarding race, color or national origin designation is requested in order to assure the Federal Government that The City of West Liberty complies with Federal Law prohibiting discrimination on the basis of race, color, or national origin. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your request for services or to discriminate against you in anyway. however, if you choose not to furnish this information, we are required to note your race and national origin on The basis of visual observation of surname.

Please check the appropriate information below:

RACIAL CATEGORIES

- _____ American Indian or Alaskan Native
- _____ Asian
- _____ Black or African American
- _____ Native Hawaiian or Pacific Islander
- _____ White

ETHNIC CATEGORIES

- _____ Hispanic or Latino
- _____ Not Hispanic or Latino

_____ Male

_____ Female