VIOLET WATER SUPPLY CORP. RENTERS APPLICATION

CORPORA	TION USE ONLY
Date Approved:	
Account Number:	

Please Print: DATESERVICE TO START ON:	
APPLICANT'S NAME	
MEMBER'S NAME	
CURRENT BILLING ADDRESS:	
PHONE NUMBER - Home () Work () CELL PHONE ()	
E-MAIL ADDRESS:	
DRIVER'S LICENSE NUMBER OF APPLICANT	
HOUSE: MOBILE HOME: RENTAL PROPERTY:	
NUMBER IN FAMILY: ADULTS CHILDREN	
SPECIAL SERVICE NEEDS OF APPLICANT:	
NOTE: FORM MUST BE COMPLETED BY RENTER ONLY	
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, Not of ☐ Black, Not of ☐ American Indian or ☐ Hispanic ☐ Asian or ☐ Other │☐ Male Hispanic Origin Hispanic Origin Alaskan Native Pacific Islander (Specify) │☐ Female	

EQUAL OPPORTUNITY PROGRAM