

CITY OF GLASGOW
CUSTOMER APPLICATION
WATER SERVICE

BATCH#

RESIDENTIAL ____ COMMERCIAL ____ OWNER ____ RENTER ____

DATE OF SERVICE TO BEGIN: _____

NAME: _____

SERVICE ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

WOULD YOU LIKE YOUR BILL EMAILED YES NO

EMAIL ADDRESS: _____

PHONE NUMBER: _____

PRESENT PLACE OF EMPLOYMENT: _____

TYPE OF DWELLING(MARK ONE HOUSE APT DUPLEX MOBILE HOME BUSINESS

IF RENTING, LANDLORD'S NAME: _____

APPLICANT WHOSE SIGNATURE APPEARS BELOW GRANTS PERMISSION TO THE CITY OF GLASGOW TO ENTER APPLICANT'S PREMISES AS ALL REASONABLE TIMES FOR THE PURPOSE OF INSTALLING, CONNECTING, READING, INSPECTING, OPERATING, DISCONNECTING OR REMOVING THE CITY'S METERS, WIRING OR OTHER EQUIPMENT. APPLICANT AGREES TO PAY ALL SERVICES FOR WHICH A BILL IS RENDERED.

DATE: _____ SIGNATURE: _____

FOR THE CITY OF GLASGOW TO BE IN COMPLIANCE WITH USDA RURAL DEVELOPMENT STANDARDS WE ARE REQUESTING DATA BY RACE, ETHNICITY, AND GENDER.

RACE: AMERICAN INDIAN OR ALASKA NATIVE __ ASIAN __ AFRICAN AMERICAN __ WHITE __

ETHNICITY: HISPANIC OR LATINO __ NOT HISPANIC OR LATINO __

GENDER: MALE __ FEMALE __