

Luther Public Works Authority 119 S Main, PO Box 56 Luther, OK 73054 P: 405-277-3833

F: 405-277-9965

E: utilityclerk@townoflutherok.com

## **LUTHER PUBLIC WORKS**

# **RESIDENTIAL APPLICATION FOR WATER, SEWER & TRASH SERVICE**

Service Start Date:		Own Home (\$100 deposit):				
Receipt Number:				\$150 deposit):		
New Account #: Meter Number:			Number of R	esidents:		
wieter Number.						
Name:		Social Security #:				
Spouse:		Social Security #:				
Service Address:		City:	<u>Luther</u>	State: <u>OK</u>	_	
Mailing Address:		City:		State:	Zip:	
Home Phone:		_ Spouse Pl	none:			
mployer: Spouse Employer:						
Work Phone:		Spouse V	Vork Phone: _		<del></del>	
E-mail:		Spouse E	-mail:			
Landlord Name: Landlord Phone:						
Polycart (# of):	Dumpster:2y	/d3yd	4yd	6yd8yd		
By signing below, I of each month. If the bill is if the bill is not paid by the reconnected after normal by Town Council and are governed and are governed that with every Ordinances.	cut-off date there will ousiness hours the fee rned by the Code of O	I understand II be a \$30.00 e will be \$50. Ordinances o	that a 10% pen ofee added to t oo. I understan f the Town of Lu	alty will be added to he bill. If services hav d that all Utility Rates of ther, Ordinance # 90	my bill; and that we to be s are set by the O-2. I also	
Signature:						
Spouse Signature:						
		FOR OFFIC	E USE ONLY			
Comple	eted Bv:	Compl	eted Date:			

# TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 REQUIRES THAT RECIPIENTS OF FEDERAL ASSISTANCE COMPILE RACE/ETHNIC INFORMATION ON APPLICATIONS TAKEN WHICH IS UTILIZED BY THE GOVERNMENT FOR MONITORING PUPOSES

## Text to be contained on the application form:

### INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for loan and grant programs in order to monitor borrower/grantee compliance with Civil Rights Act of 1964. You are not required to furnish this information, but are encouraged to do so. The law provides that an entity or lender may not discriminate on the basis of information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this entity is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below:

APPLICANT	CO-APPLICANT		
I do not wish to furnish this information	I do not wish to furnish this information		
Race/National Origin: (Select one or more)	Race/National Origin: (Select one or more)		
American Indian or Alaska Native	American Indian or Alaska Native		
Asian	Asian		
Native Hawaiian or other Pacific Islander	Native Hawaiian or other Pacific Islander		
Black or African American	Black or African American		
Hispanic or Latino	Hispanic or Latino		
White	White		
Other (Specify)	Other (Specify)		
Sex: Female Male	Sex: Female Male		
TO BE COMPPLETED BY INTERVIEWER:			
This application was taken by: face to face interviewer's Name: (print or type) Co-Applicant's Name: (print or type) Interviewer's Name: (print or type)			
Interviewer's Signature:			