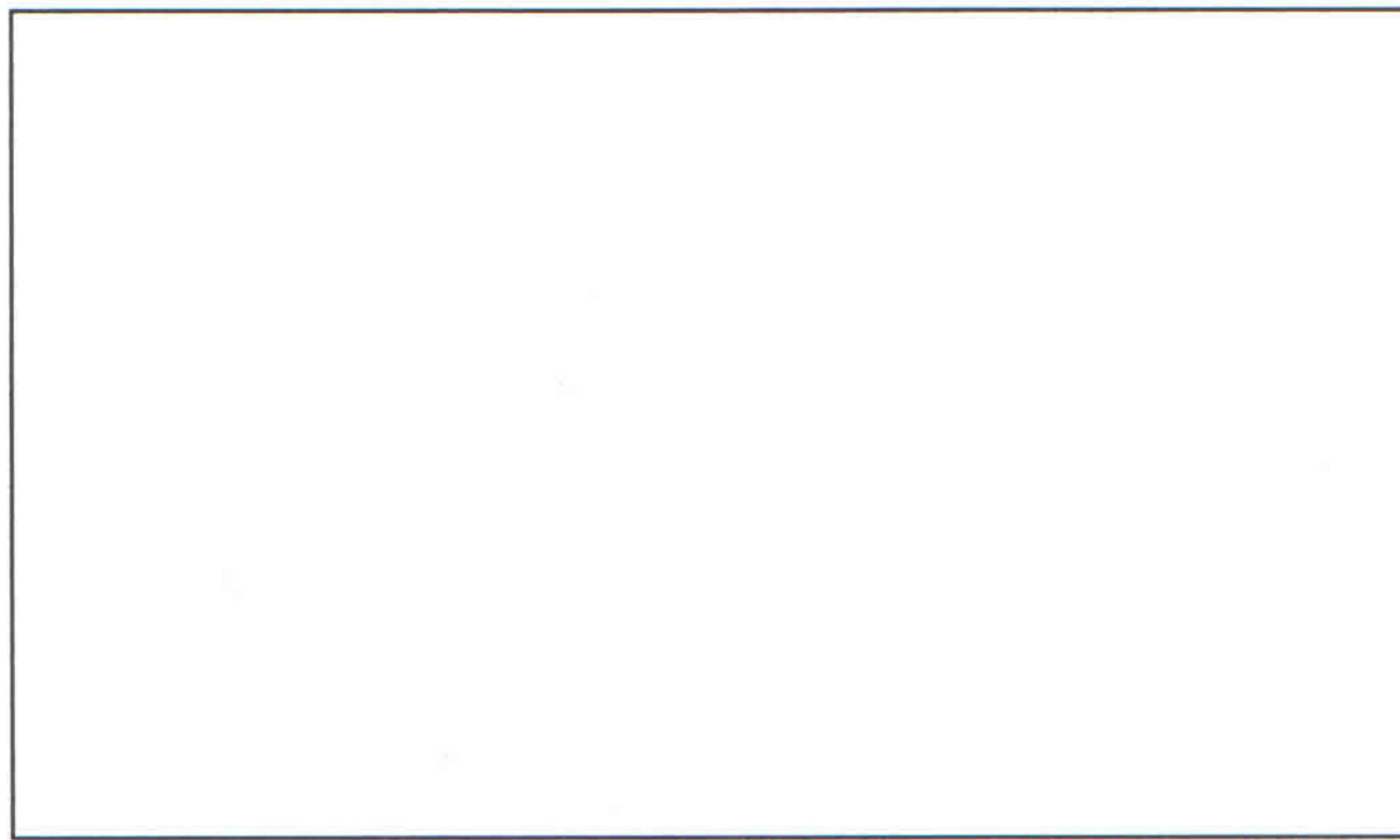


Date _____
Account # _____
Book # _____
Route# _____
Reading _____
Deposit _____



TOWN OF NORTH JUDSON WATER DEPARTMENT NEW ACCOUNT INFORMATION SHEET

Names of ***ALL*** Adults
Responsible for Account: _____

(All Names on Rental Agreement or Mortgage)

Service Address: _____

Mail Bill To:
*(If Different than
Service Address)*

Phone Number: _____

Signature: _____

My signature verifies that the identification and information provided are
current and legal in the State of Indiana.

"The following is required by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination.

_____ I do not wish to answer this question

Ethnicity:

_____ Hispanic
_____ Not Hispanic or Latino

Race: (Mark all that apply)

_____ White
_____ Black or African American
_____ American Indian or Alaska Native
_____ Native Hawaiian or Other Pacific Islander

Sex:

_____ Male
_____ Female

This institution is an equal opportunity provider and employer.