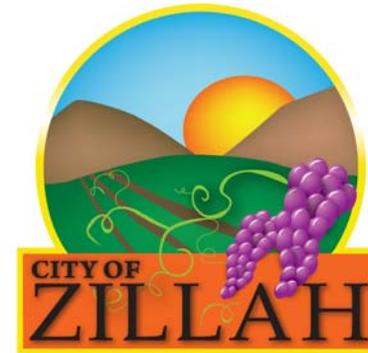


**CITY OF ZILLAH
UTILITY CONNECT ORDER**



DATE: _____ CONNECT DATE: _____

NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY/ZIP CODE: _____

PHONE #: _____

EMPLOYER: _____ PHONE: _____

RESIDENT SIGNATURE: _____

HOMEOWNER: _____ RENTER: _____

MAILING ADDRESS: _____

CITY/ZIP CODE: _____

-FOR OFFICE USE-

ACCOUNT #: _____

METER #: _____ **METER MAKE:** _____

READ ONLY: _____ **READ/CONNECT:** _____

CREW MEMBER: _____ **DATE:** _____

DEPOSIT \$ _____ **DATE:** _____ **RECEIPT #:** _____

DEPOSIT BOOK: _____ **COMPUTER:** _____

GARBAGE LIST: _____

SPECIAL INSTRUCTIONS:
RECEIVED CURRENT INFORMATION BROCHURE: _____

IRRIGATION: _____ **TURN OVER**

-FOR OFFICE USE-

The following information is required by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program on the basis of race, color, national origin, age, sex or disability. 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 anyway. 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.

- Ethnicity** **Hispanic or Latino**
 NOT Hispanic or Latino
- Race** **American Indian/Alaskan Native**
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White
- Sex** **Male**
 Female

This institution is an equal opportunity provider.
Esta institucion es de oportunidad igualada.