Greater Harrison County
Public Service District

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APPLICATION FOR WATER/SEWER SERVICE
PLEASE FILL OUT ENTIRE APPLICATION WHERE APPLICABLE

ACCOUNT#:_____ **PREMISE:**_____
NAME ON ACCOUNT: _____ SPOUSE/ROOMMATE NAME: _____
DRIVER LICENSE: _____ **STATE:** _____ **DRIVER LICENSE:** _____ **STATE:** _____
SOCIAL SECURITY # _____ EMPLOYER: _____
MAILING ADDRESS: _____
SERVICE ADDRESS: _____
HOME PHONE: _____ **CELL PHONE:** _____ **EMAIL ADDRESS:** _____
WOULD YOU LIKE TO RECEIVE A PAPER BILL OR E-BILL? _____
OWN_____ **RENT**_____ **OTHER**_____
IF RENTING
LANDLORD'S NAME: _____ PHONE NUMBER: _____
LIST PEOPLE 18 & OVER LIVING IN THE HOME: _____
_____
# of ADULTS IN THE HOME: _____ TOTAL NUMBER IN HOME: _____
DIRECTIONS FROM GHPSD or the INTERSTATE
_____
_____
WATER ONLY CUSTOMERS: HAVE YOU SIGNED UP FOR SERVICE WITH YOUR SEWAGE COMPANY? **CIRCLE:** YES OR NO
**PLEASE PROVIDE COPY OF RECEIPT FROM SEWAGE COMPANY

THE FOLLOWING INFORMATION IS REQUESTED BY THE FEDERAL GOVERNMENT IN ORDER TO MONITOR COMPLIANCE WITH FEDERAL REGULATIONS 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.
RACE: (MARK ONE OR MORE): WHITE _____ BLACK OR AFRICAN AMERICAN: _____
ASIAN: _____ AMERICAN INDIAN/ALASKA NATIVE: _____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: _____
ETHNICITY: HISPANIC OR LATINO: _____ NOT HISPANIC OR LATINO: _____

I HEREBY AUTHORIZE SERVICE TO BE ESTABLISHED IN MY NAME AT THE ABOVE LOCATION AND AGREE TO PAY FOR SERVICE UNTIL DISCONTINUED BY MY REQUEST IN WRITING. I UNDERSTAND THAT THIS APPLICATION IS ACCEPTED SUBJECT TO THE AVAILABILTY OF SERVICE AT THIS LOCATION. I AGREE THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. (SERVICE OBTAINED BY FRAUD RUNS THE RISK OF TERMINATION WITHOUT NOTICE)

APPLICANT'S SIGNATURE: _____ **DATE:** _____
APPLICANT'S SIGNATURE: _____ **DATE:** _____

(NOTARIAL SEAL)

_____
NOTARY PUBLIC

My Commission Expires: _____

OFFICE USE ONLY
WTAP FEE_____ WDEP FEE_____ STAP FEE_____ SDEP FEE_____ DATE: _____ CSR: _____