

**CITY OF BOSTON
P.O. BOX 370
BOSTON, GA 31626**

Name:

Property Address:

Billing Address:

Telephone Number:

Services: Water_____ Sewer_____ Garbage_____

Signature of Applicant:

Date:

*The following information is requested by the federal Government in order to monitor compliance with the Federal laws prohibiting discrimination against applicants seeking to participate in the 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.

White_____ Hispanic_____ Black, not of Hispanic origin_____

Asian or Pacific Islander_____ American Indian or Alaskan Native_____

Acct #_____ Service:Residential_____ Business_____ Other_____

Deposit Amount_____ Date Paid_____ Cash_____ Check_____

*This is an Equal Opportunity Program, Discrimination is prohibited by the Federal Law.