



**Town of Whitakers  
Utility Service Application**

**(Please Print)**

**Applicant:** \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Renter \_\_\_\_ Homeowner \_\_\_\_ (Check)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Phone # (Home): \_\_\_\_\_ Cell #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Number of Occupants \_\_\_\_\_

List Names: \_\_\_\_\_

**Co-Applicant:** \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Service Cut On Date:** \_\_\_\_\_

Have you or any other occupant at this address ever had a utility account with the Town?

**If:**

Yes, please state address: \_\_\_\_\_

No, please initial: \_\_\_\_\_

*I certify I am eighteen years of age or older, that the above information is accurate, and that I will be responsible for payment of the entire bill upon termination of service. Additionally, if the Town determines that I or any other occupant at this address owes past due balances to the Town, I will be responsible for payment of those balances and associated fees. I have had an opportunity to review a copy of the Town's cut off policy and am subject to immediate disconnection without notice if the deposit and connect fee is returned for insufficient funds or if the Town discovers delinquent past due balances from prior accounts.*

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

## EEOC/Race/Ethnic Identification Categories

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race

**White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American** – A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander** – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races** – All persons who identify with more than one of the above five races.

## Protected Veteran Classifications

A “disabled veteran” is one of the following:

- a veteran of the US military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; **or**
- a person who was discharged or released from active duty because of a service-connected disability.

A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the US military, ground, naval or air service.

An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the US military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the US military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Dept of Labor’s Veterans Employment and Training Service (VETS) at 1-866-4-USA-DOL.

**PRE-OFFER VOLUNTARY SELF-IDENTIFICATION**  
**EEO / AFFIRMATIVE ACTION INFORMATION**

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Please complete the following and submit with your application.

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date: \_\_\_\_\_

<p style="text-align: center;"><b>GENDER</b></p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p> <p><input type="radio"/> Decline to Self-Identify</p>	<p style="text-align: center;"><b>RACE/ETHNICITY</b></p> <p><input type="radio"/> Hispanic or Latino</p> <p>If <b>not</b> Hispanic or Latino:</p> <p><input type="radio"/> White</p> <p><input type="radio"/> Black or African American</p> <p><input type="radio"/> Native Hawaiian or Pacific Islander</p> <p><input type="radio"/> Asian</p> <p><input type="radio"/> American Indian or Alaska Native</p> <p><input type="radio"/> Two or More Races</p> <p><input type="radio"/> Decline to Self-Identify</p>	<p style="text-align: center;"><b>VETERAN STATUS</b></p> <p><input type="radio"/> I identify as one or more of the classifications of protected veteran listed below</p> <p><input type="radio"/> I am not a protected veteran</p> <p><input type="radio"/> Decline to Self-Identify</p>
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Signature: \_\_\_\_\_

Signature **must** be handwritten.

\*See next page for EEOC Race/Ethnic identification category definitions and protected veteran classifications\*