

Account Number: _____ (Office Use Only)
Deposit Amount Paid: _____

SARDINIA UTILITIES
Residential Application for Utility Service

Name of Applicant: _____ Telephone Number: _____

Social Security #: _____ Driver's License #: _____

Address of Premises to be Served: _____

Mailing Address for Billing: _____

Applicant's Employer, Address & Phone: _____

E-Mail Address: _____ Paperless Billing: _____ Yes _____ No

Co-Applicant Name: _____ Co-Applicant Social Security #: _____

Co-Applicant Employer, Address & Phone: _____

Have you or any person residing with you ever had utility service with us before: _____ Yes _____ No

If "Yes", give previous address: _____

Do you rent _____, own _____, or have a land contract _____ at the address of the premises to be served?

If you are not the owner, please list the owner's name: _____

If renting, the owner of the premises must complete a landlord application before utility service can be issues.

List **ALL** other persons residing at the premises to be service and provide relationship to applicant if any:

<u>NAME OF RESIDENT</u>	<u>RELATIONSHIP TO APPLICANT</u>	<u>SOCIAL SECURITY # (if over 18)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach Additional Sheet if Needed)

Utility Services Required: ** Date when services are to be put in your name: _____

- Water
- Sewer
- Trash Note: Trash is mandatory for Sardinia Village residents

Signature of Applicant Date

Senior Citizens (62 and older) are eligible to be exempt from penalty and a discounted trash rate.

Please provide your birth date here if this is applicable: _____

The following information regarding race / national origin / gender is requested to assure the Federal Government, acting through Rural Development that Sardinia Utilities is complying with Federal Laws prohibiting discrimination against applicants. You are not required to provide 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, Sardinia Utilities is required to note your race/ national origin / gender based on the basis of visual observation or surname.

RACE: ___ American Indian/Alaskan Native ___ Asian ___ Black or African American ___ Native Hawaiian or Other Pacific Islander
___ White ___ Other

ETHNICITY: ___ Hispanic or Latino ___ Not Hispanic or Latino GENDER: ___ Male ___ Female

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call (800)795-3272 (voice) or (202)720-6382 (TDD). USDA and this institution are equal opportunity providers and employers.

FORM
75

Regional Income Tax Agency
Individual Registration Form

Attn: Registration P.O. Box 477900 Broadview Heights, OH 44147-7900
If you have any questions or are unable to complete this form please contact RITA's
Registration Dept. at (440) 526-0900 x5008 or (800) 860-7482 x5008.

Names:

Primary Social Security # _____

Primary First Name Middle Initial Last Name

Spouse's Social Security# _____

Spouse's First Name Middle Initial Last Name

Current Address Information:

P O Box House # Street Name Apt #

City State Zip Code

Registration for the city of: Sardinia

Effective date of this Address: _____

Daytime Phone # _____ Evening Phone # _____

Prior Address Information:

Prior Address (House #, Street Name, City and State)

Effective date of this address: _____

Employment Information:

Are you employed? Y/N Is your spouse employed? Y/N

Do you have Schedule C income in a RITA Municipality? Y/N

Does your spouse have Schedule C income in a RITA Municipality? Y/N

Do you own rental property and/or own a business? Y/N

Does your spouse own rental property and/or a business? Y/N

Are you retired and/or have no taxable income? Y/N

Retirement date: you _____

Is your spouse retired and/or have no taxable income? Y/N

spouse: _____