Ramsey Water Company Inc
415 Highway 64 NW, P O Box 245

Ramsey IN 47166-0245
Phone: (812) 347-2551 FAX (812) 347-2589
Office Hours 8:00 AM – 4:00 PM, Mon thru Fri

APPLICATION FOR SERVICE
An Equal Opportunity Provider

Transfer of service please complete sections 1 and 2 only. New meter installation complete sections 1, 2, and 3. Please sign, date and return as soon as possible. Please include middle initial on form.

1. Name_____

   Service Address_____Subdivision_____

   _____ LOT #_____

   Telephone (_____)_____ Cell (_____)_____

   Drivers Lic. #_____ # persons residing_____ Date of Birth______________

   [ ] Owner of property [ ] Renter/Lessee [ ] Purchasing on Contract or Rent to Own

2. INFORMATION FOR GOVERNMENT MONITORING PURPOSES
   The following information is requested by the Federal Government in order to monitor compliance with Federal laws 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.

APPLICANT:	[ ] I do not wish to furnish this information	
Ethnicity:	[ ] White	[ ] NOT Hispanic or Latino
Race/National Origin: (Select one or more)	[ ] American Indian or Alaska Native (not Alaskan)	[ ] Asian
		[ ] Native Hawaiian or or Other Pacific Islander
	[ ] Black or African American	[ ] Hispanic or Latino
Gender:	[ ] Female	[ ] Male

3. NEW METER INSTALLATION ONLY:
   State Highway Permit (Required) Yes [ ] No [ ]

   Present Grade: Yes [ ] No [ ] (will you be changing the surface grade)

   If No:_____inches above or below present grade
   (circle direction of change)

   (Once meter installation is complete, any alterations will be at member/customer expense)

   I agree to sign all necessary papers required by the water company and to abide by all rules and regulations of the company.

   Date_____ _____
   member/customer

   _____
   Application taken by _____ member/customer