

# Nashville Municipal Utilities

200 Commercial Street • PO Box 446

Nashville, Indiana 47448

812-988-7064 • Fax 812-988-5527

## Water and Sewer Utility Contract

Please mail, e-mail, fax or bring this form to Nashville Municipal Utilities office.  
Please include a photocopy of your picture ID (driver's license, student ID)

Please type or print full legal name:

Company Name

or

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

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

Current Driver's License #: \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I am the:  Property Owner  Renter  Other (explain) \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_ Owner's Phone #: \_\_\_\_\_

In the event of an emergency concerning your water and/or wastewater service, please provide us with the following emergency contact information:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

I hereby contract with Nashville Municipal Utilities (NMU) for service and agree to pay for same in accordance with its established schedule of rates at the time service is rendered and to comply with the rules and regulations of the Company governing such service, and I agree to pay the minimum monthly charges irrespective of whether water or sewer was used.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**- OFFICE USE ONLY -**

Starting Date of Service: \_\_\_\_\_ Deposit Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Account Number \_\_\_\_\_ Book # \_\_\_\_\_ Page # \_\_\_\_\_

Landlord Form Mailed \_\_\_\_\_ Received \_\_\_\_\_

**DATA COLLECTION**  
**Title VI Civil Rights Act of 1964**

Under Title VI Civil Rights Act of 1964 recipients of Rural Development assistance must maintain, for compliance review and discrimination complaint investigation purposes by Rural Development and other appropriate agencies, various types of data by race and national origin. The recipient must maintain this data to show the extent to which members of protected groups are participants and beneficiaries of Rural Development assisted program. The following statement and data collection should be used on all application forms:

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**REQUEST FOR INFORMATION**  
**FOR GOVERNMENT MONITORING PURPOSES**

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Dear Applicant(s):

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:**

- Hispanic or Latino
- Not Hispanic or Latino

**Race:**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**Sex:**

- Female
- Male

**CO-APPLICANT:**

I do not wish to furnish this information.

**Ethnicity:**

- Hispanic or Latino
- Not Hispanic or Latino

**Race:**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**Sex:**

- Female
- Male