



Sterlington Consolidated Sewer System Application for Service

House Apartment Mobile Home Commercial New Tap

Date Service Desired: _____

Name (Please Print): _____
First Middle Last

Spouses Name (Please Print): _____
First Middle Last

Service Address: _____
Number Street Apt #

Mailing Address: _____
Number Street City State

Last Four Digits Of Applicants Social Security Number: _____

Date of Birth: _____ Driver's License #: _____

Email Address: _____

Conditions: The deposit of \$ _____ is advanced to the Sterlington Consolidated Sewer System to secure the payment of any bills due or which may become due by said customer. Customer further agrees that if the SCSS makes available to the customer the service herein requested, then this request shall become a contract between the Customer and the SCSS. Customer further agrees that the SCSS shall be under no obligation to continue rendering service to the customer without the full amount of the aforesaid deposit being at all times on deposit with the SCSS to the credit of the customer. All New sewer taps must be inspected by town SCSS personnel before line can be covered and put into service.

Date Customer Signature Phone Number

Anyone needing reasonable accommodation to attend a public meeting held by the Town of Sterlington should contact the town at 318-665-2157 or by email at sterlingtowntowno@bellsouth.net, or by TTY 1-800-846-5277 at least two business days prior to the meeting date. If further information is required or needed, please contact the Town of Sterlington.



This institution is an Equal Opportunity Employer

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the federal Government, acting through the USDA Rural Development that the Federal Laws prohibiting discrimination against customer applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluation your application or to discriminate against you in any way. However, if you choose not to furnish it, the lender is required to note the race/national origin and sex of individual applicants based on visual observation or surname.

Recipient <input type="checkbox"/> I do not wish to furnish this information	Co-Recipient <input type="checkbox"/> I do not wish to furnish this information
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic Latino
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Interviewer's Name (print or type)	Name And Address Of Interviewer's Employer
Interviewer's Signature _____ Date _____	
Interviewer's Phone Number _____	