PUTNAM COUNTY
BOARD OF COUNTY COMMISSIONERS
PUBLIC WORKS

Information for USDA Grant Compliance
for the East Putnam Regional Water Treatment Facility

Name: _____ **Telephone:** _____
Print **Daytime**

Mailing Address: _____
Street/PO Box **City** **State** **Zip**

Service Address: _____
Street if not the same as mailing address **City**

Sex: ☐ **Male** ☐ **Female**

Please Check Appropriate Box

Race:

☐ **American Indian** ☐ **Alaskan Native**

☐ **Black or African American** ☐ **Asian**

☐ **White** ☐ **Native Hawaiian/Pacific Islander**

☐ **Other (List)** _____

Please Check Appropriate Box

Ethnicity:

☐ **Hispanic / Latino**

☐ **NOT Hispanic / Latino**

NOTE: The above requested information will only be used for USDA Grant compliance reporting purposes.

_____ _____
Signature of Customer Date