

**PUTNAM COUNTY  
BOARD OF 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