

## American Rescue Plan (ARPA) Funds Equipment Application

		Applic	ant Inform	ation						
Full Name:						Date:				
	Last	First			M.I.					
Address:	Street Address						Anartm	ent/Unit #		
	Sireel Address						Apartir	envonii #		
	City		State		Zip (	Code	Ward			
Phone:			Email							
		YES 1	10					YES	NO	
Mobile Hots	oot		☐ Ring Doo	orbell (Must h	ave acc	ess to intern	et service:	s) 🗌		
(DI E 4 CE 1	DE ADVICED AND AWARE TO ADDR	Ecc Eleber	NOW MEETING OR	EATED DV TV	E 601/11	. 40 D. N.DEN	TO THE O	TEN OF TE	NAMA	
	BE ADVISED AND AWARE: TO ADDR I, IS APPLYING ARPA FUNDS TO P									
	SERVICE IS PROVIDED BY THE CITY S NOT PROVIDE ANY WARRANTY OF									
ACCEPTIN	NG THIS SERVICE/PRODUCT YOU EXP	RESSLY ACKN	OWLEDGE AND	AGREE THAT	YOUR U	SE OF THE PR	ODUCT/SE	RVICE IS A	AT YOUR	
	K, THAT YOU ARE SOLELY RESPONS AND/OR SERVICE AND THAT THE									
SERVICE,	EQUIPMENT AND/OR REPAIR(S) NEC OF JENNINGS, MISSOURI IS NOT RE	ESSARY TO S	AID PRODUCT O	R SERVICE. F	INALLY	YOU AGREE	AND ACK	NOWLEDO	SE THAT	
	DUCT/SERVICE ONCE SAID PRODUCT				ANDION		QUENT AC	TION KEG	AKDING	
I certify that	I am the owner or renter of th	ne above a	ddress, whic	h is confirm	ned by	ту оссир	ancy pe	rmit. My		
	e true and complete to the bes				-			-		
<b>.</b>										
Signature:						Date:				
	Approval E			on Office	Use (	Only				
Phone Numb	oor		evice Tag #							
Phone Numi	Jei		ray #							
Started	End	N.4 - I-	::- ! ! - <b>4 4</b>	YES	МО	Ring	YES	NO		
Date:	Date:		ile Hotspot		Ш	Doorbell	Ш	Ш		
Issued										
Ву:										
	Λ	nnlicant (	Signature o	of Pacaint						
	A	ppiicarii (	Signature (	or Receipt						
Signature:					_	Date:				
Print Name:					-	_				
City of										
Jennings										
Approval by:					•	Date:				

Verification office use only							
Proof of most current utility provided?	YES	NO					
Identification Information (State ID or Drivers)	YES	NO					
Verified Occupancy, City of Jennings residence?	YES	NO					