

Application for Utility Services

Type of Services Requested:

Electric	_____	\$50.00 Deposit
Water	_____	\$25.00 Deposit
Sewer	_____	\$25.00 Deposit

Current Information:

Name of Customer \_\_\_\_\_

Married: Yes \_\_\_\_\_ No \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address of Customer \_\_\_\_\_

**REQUIRED** Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Your Telephone Number \_\_\_\_\_

Your Place of Employment \_\_\_\_\_

Employer's Address \_\_\_\_\_

Other Information:

Name to Contact to reach you \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Miscellaneous Information:

Date services are to be connected \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I hereby acknowledge the above information is true to the best of my knowledge. I also acknowledge that I give this information freely and give my permission to the City of Granite Falls to verify any information I have given. I FURTHER UNDERSTAND THAT IF I FAIL TO PAY MY FINAL UTILITY BILL WITHIN 15 DAYS OF BECOMING PAST DUE, THAT THE CITY MAY USE MY UTILITY DEPOSIT TO PAY COLLECTION FEES INCURRED BY THEM IN COLLECTING THE FULL AMOUNT DUE.

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

City of Granite Falls 641 Prentice Street Granite Falls, MN 56241  
An Opportunity Employer & Provider

## RACE & ETHNICITY

Please provide the following information so that the City of Granite Falls will be in compliance with Title VI of the Civil Rights Act of 1964. This questionnaire is a requirement of the Federal Government in conjunction with the city receiving money from the USDA for the relocation of the Water Treatment Plant.

The information regarding race, color, or national origin designation is requested in order to assure the Federal Government that the City of Granite Falls complies with Federal Laws prohibiting discrimination on the basis of race, color, or national origin. **You are not required to furnish this information, but are encouraged to do so.** This information will not be used in evaluating your request for services or to discriminate against you in any way. However, if you choose not to furnish this information, we are required to note your race/color/national origin on the basis of visual observation or surname.

Please check the appropriate information below:

### RACIAL CATEGORIES (check one)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hawaiian or Other Pacific Islander
- White
- Some Other Race
- Two or More Races

### ETHNIC CATEGORIES (check one)

- Hispanic or Latino
- Not Hispanic or Latino

DATE \_\_\_\_\_

Who filled out this form? (check one) \_\_\_\_\_

- Participant
- Employee Observed

\_\_\_\_\_  
Name