

**CITY OF PERHAM MUNICIPAL UTILITY
SERVICE APPLICATION
GAS/WATER/SEWER**

DATE OF SERVICE TO BEGIN _____ RENT(____) OWN(____) CONTRACT FOR DEED(____)

CUSTOMER NAME _____ SOCIAL SECURITY # _____

SPOUSE'S NAME _____ SOCIAL SECURITY # _____

CUSTOMER DOB _____ SPOUSE DOB _____

SERVICE ADDRESS _____ CITY _____

MAILING ADDRESS _____
(INCLUDE CITY, STATE, AND ZIP CODE)

E-MAIL ADDRESS _____

CELL PHONE _____ HOME PHONE _____

PRESENT EMPLOYER _____ PHONE _____

SPOUSE'S EMPLOYER _____ PHONE _____

NAME OF ANY OTHER ADULT OCCUPANTS _____

LANDLORD (IF RENTING) _____

HAVE YOU BEEN A CUSTOMER OF THE CITY OF PERHAM BEFORE? YES(____) NO(____)

IF YES, PREVIOUS ADDRESS _____

APPROXIMATELY WHEN WERE YOU A PREVIOUS CUSTOMER? _____

PLEASE ATTACH A COPY OF A PHOTO ID TO THIS APPLICATION

CUSTOMER SIGNATURE _____ DATE _____

CodeRED Emergency Notification System Registration

The City of Perham is offering public registration of the CodeRED Emergency Notification System. This system will be used by the City for emergency notifications as well as non-emergency notifications.

Please register me for CodeRED Notifications: Yes _____ No _____

I would like to receive my notifications by: Text _____ E-mail _____ Cell Phone Call _____ Landline Call _____

Please provide the following information so that the City of Perham will be in compliance with the Title VI of Civil Rights Act of 1964.

The information regarding race, color, or national origin designation is requested in order to assure the Federal Government that the City of Perham 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 service 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

_____ American Indian or Alaskan Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or Pacific Islander
_____ White

ETHNIC CATEGORIES

_____ Hispanic or Latino
_____ Not Hispanic or Latino

****PLEASE COMPLETE ALL AREAS. LEAVE BLANK ONLY IF IT DOES NOT PERTAIN TO YOU. RETURN TO CITY OF PERHAM, PO BOX 130, PERHAM, MN 56573 AS SOON AS POSSIBLE.****

OFFICE USE ONLY

DEPOSIT PAID () RECEIPT # _____ DATE PAID _____ ACCOUNT # _____

The City of Perham is an equal opportunity provider and employer