

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

DATE OF SERVICE TO BEGIN _____ RENT(____) OWN(____)

BUSINESS NAME _____ PHONE NUMBER _____

CONTACT NAME _____ PHONE NUMBER _____

EMAIL ADDRESS _____

SERVICE ADDRESS _____ CITY _____

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

FEDERAL ID or SOCIAL SECURITY # _____

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? _____

CUSTOMER SIGNATURE _____ DATE _____

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	ETHNIC CATEGORIES
_____ American Indian or Alaskan Native	_____ Hispanic or Latino
_____ Asian	_____ Not Hispanic or Latino
_____ Black or African American	
_____ Native Hawaiian or Pacific Islander	
_____ White	

****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