

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

DATE OF SERVICE TO BEGIN \_\_\_\_\_ RENT \_\_\_\_\_ OWN \_\_\_\_\_ CONTRACT FOR DEED \_\_\_\_\_

CUSTOMER **FULL** NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ OR INDIVIDUAL TAXPAYER ID # \_\_\_\_\_

SPOUSE'S **FULL** NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ OR INDIVIDUAL TAXPAYER ID # \_\_\_\_\_

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 \_\_\_\_\_

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.\*\***

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*The City of Perham is an equal opportunity provider and employer*