

CITY OF UNDERWOOD
120 Main Street South
P.O. Box 106, Underwood, MN 56586
Telephone: (218) 826-6686 Fax (218) 826-6720
E-mail: undrwdcit@prtcl.com
www.ci.underwood.mn.us

APPLICATION FOR WATER/SEWER SERVICE

I/WE AGREE TO SUPPLY THE CITY CLERK'S OFFICE WITH MY FORWARDING ADDRESS AND THE FINAL PAYMENT WITHIN 10 DAYS OF THE DATE OF THE LAST BILL

I/WE UNDERSTAND THAT PAYMENT FOR WATER/SEWER SERVICE IS REQUIRED IN FULL BY THE 15TH OF EACH MONTH. I/WE ALSO UNDERSTAND THAT MY SERVICE MAY BE DISCONNECTED FOR NON-PAYMENT AFTER THE 20TH OF EACH MONTH. I/WE ALSO AGREE TO PAY A \$30.00 RECONNECT FEE IF MY WATER/SEWER SERVICE IS DISCONNECTED.

Today's Date _____	Account _____	
_____	No. of Persons _____	
First and Last Name	in Household	_____
		Heat Source
_____	_____	
Address for Water/Sewer Service	Mailing Address	
_____	_____	
Home/Cell Telephone	Work Telephone	
_____	_____	
Date Service is Requested	Email Address	
_____	_____	
Would you prefer e-billing or a mailed card?	E-bill _____ Mail _____	
_____	_____	
Name of Tenant if Rental Property	Address/Telephone of Tenant	

APPLICANT DATA RECORD

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

In order to meet the requirements of the Federal Register Vol. 62 No. 210, Revision to the Standards for the Classification of Federal Data on Race Ethnicity, all application forms for city utility connections must include below the signature and date block the following disclosure statements.

Please check the appropriate information below:

“The following information is requested by the Federal Government in order to monitor compliance with the Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate

against you in any way. However, if you choose not to furnish it, we are required to note race/national origin of individual applicants on the basis of visual observation or surname”.

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

If you feel you have been discriminated against: To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TTD).

SIGNATURE _____ DATE _____

FOR CITY CLERK OFFICE USE ONLY

- Application Received _____
- E-billing Y/N _____
- Service Start Date _____
- Account Number _____
- Beginning Reading _____
- Ending Reading _____
- Final Bill Paid _____