

CITY OF MILROY
410 Euclid Avenue
P.O. Box 9, Milroy, MN 56263
Telephone: (507) 336-2495

APPLICATION FOR WATER/ SEWER SERVICE

I/WE UNDERSTAND THAT A CONNECTION FEE OF \$150.00 IS DUE PRIOR TO SERVICE BEING CONNECTED. I/WE AGREE TO SUPPLY THE CITY CLERK'S OFFICE WITH A FORWARDING ADDRESS AND THE FINAL PAYMENT WITHIN 10 DAYS OF THE DATE OF THE LAST BILL. I/WE UNDERSTAND THAT PAYMENT FOR WATER/SEWER/GARBAGE SERVICE IS REQUIRED IN FULL BY THE 15th OF EACH MONTH. I/WE ALSO UNDERSTAND THAT SERVICE MAY BE DISCONNECTED FOR NON-PAYMENT AFTER THE 25TH OF EACH MONTH. I ALSO AGREE TO PAY A \$100.00 RECONNECT FEE IF MY WATER/SEWER SERVICE IS DISCONNECTED AFTER BUSINESS HOURS AND \$50.00 IF DURING BUSINESS HOURS.

First and Last Name

HEAT SOURCE

Address for Water/Sewer Service

Mailing Address

Cell/Home Telephone

Date service is requested

Date Deposit is paid

Garbage containers:

Choose a size: _____ 35 Gallon Cart \$12.00/month _____ 65 Gallon Cart \$15.00/month _____ 95 Gallon Cart \$18.00/month

SIGNATURE _____ DATE _____

The City Of Milroy is an Equal Opportunity Provider and Employer

"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".

APPLICANT DATA RECORD

Please provide the following information so that the City of Milroy 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:

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

GENDER

_____ Male
_____ Female