City of Staples
122 6th St NE, Staples, MN 56479

Application for Utility Service

Name(s) _____ Date Moving In _____

Address _____ Soc Security/EIN # _____

Phone Number _____ Email Address _____

Mailing Address *(if different than service address)* _____

I am the: ☐ Owner ☐ Renter If renter:

Owner's Name _____ Owner's Phone Number _____

Owner's Mailing Address _____

Have you previously been a customer? ☐ Yes ☐ No

If yes, what address? _____

I hereby request the City of Staples to supply utility service at the address given and agree to pay for the utilities supplied when payment is due, and agree to observe the regulations governing utility service.

I understand that my utility information through the City of Staples is private information per **MN §13.685**, and cannot be given out to anyone whose name is not on the account unless I have provided the City with *written* permission. This includes anyone inquiring about the amount due on my account.

_____ _____

Customer Signature *Customer Signature*

The City of Staples has received and will be receiving federal financial assistance from the United States Department of Agriculture Rural Development for water and sanitary sewer utility improvements. Title VI of the Civil Rights Act of 1964 requires recipients of federal financial assistance to monitor the participation in services provided by race and national origin.

Please provide the following information so the City of Staples will be in compliance with Title VI of the 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 Staples 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 services 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

The City of Staples is an equal opportunity provider and employer

FOR OFFICE USE ONLY

Account # _____ Amount of Deposit $ _____ Date _____