City of Newfolden

PO Box 188 Newfolden, MN 56738 Phone: (218) 874-7135 Fax: (218) 874-7136 <u>Newfolden@wiktel.com</u> www.ci.newfolden.mn.us

Stop 🗆

Mayor: Lori Warne • City Administrator: Tammy Hansen

UTILITY SERVICE AGREEMENT/UPDATE FORM

Date of Request: ______EFFECTIVE DATE: ______Start □

□ New Owner	□ □ New Construction □	🗆 Update 🗆
Customer Information-Homeowne	er/Landlord Completes this secti	on (please print):
Customer Name:		
Additional Name(s) on Account (a	if any):	
(OUT) Old Service Address:		
(IN) New Service Address:		
Home Phone Number:	Work Phone:	Cellular Phone:
Social Security Number:		
Place of Employment:		
Renter Information		
Renter Name:		
Renter Address:	Renter Phone	

CITY OFFICE				
Read In:	Read Out:			
0	0			
Does Property Have Electric Heat?	□No Comments:			
Disconnect Services (requested only by property owner) Circle those to be disconnected:				
Electric Water	Sewer Refuse			
Deposit Paid: \$ □ No Deposit Required (Reason):			
Date Meter Read: Wat	er:			
Elec	ctric:			

The City of Newfolden enters into a utility contract solely with the owner/landlord of each property. Bills that are not paid by the 20th of the month will be assessed a penalty of \$10.00. The City of Newfolden reserves the right to discontinue utility service for non-payment of a bill. A reconnection fee of \$75.00 and the total amount due, including penalty, must be paid before service is resumed. I understand and agree to the conditions of this contract.

Signature:_____

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Date:_____

"The City of Newfolden is an equal opportunity provider and employer".

SURVEY

In order for the City of Newfolden to be incompliance with Federal Law, we must gather and maintain certain statistical data on our clients who utilize any of our programs funded with Federal Funds. We are, therefore, asking you to complete the questionnaire below.

The information regarding race, color, national origin, and gender is requested in order to assure the Federal Government that the City of Newfolden complies with Federal Laws prohibiting discrimination on the basis of race, color, national origin or gender. 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/gender on the basis of visual observation or surname.

Please check the appropriate race, color, national origin, and gender information below:

RACIAL CATEGORIES	
American Indian or Alaskan Native	
Asian	
Black or African American	
Native Hawaiian or Pacific Islander	
White	
Some other race	
Two or more races	

GENDER
Male
Female

ETHNIC CATEGORIES	
	Hispanic or Latino
	Not Hispanic or Latino

	I do not wish to furnish this information.
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