

CITY OF SHELDON UTILITY SERVICE APPLICATION

“THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER”

NAME: _____ SSN: _____
SERVICE ADDRESS: _____ PHONE: _____
MAIL ADDRESS: _____ DATE OF BIRTH: _____
CITY/ST: _____ ZIP _____
NO. OF OCCUPANTS _____ OWNER: YES ___ NO ___
MARITAL STATUS: _____ MAIDEN NAME: _____
EMPLOYER _____ PHONE: _____
POSITION _____ NO OF YRS: _____
SPOUSE NAME _____ SSN: _____
EMPLOYER _____ PHONE: _____
EMERGENCY CONTACT NAME: _____ PHONE: _____
DATE OF POSSESSION/MOVING IN _____
LANDLORD NAME _____ PHONE: _____
CURB SIDE GARBAGE HAULER: De Kruif Disposal _____ Schwarz Sanitary _____
DATE PAID DEPOSIT: _____ RECEIPT NO: _____

We look forward to providing our services to you. Iowa Check Law is enforced, a 1.5% finance charge per month plus all legal and collection costs until paid in full.

The undersigned hereby agrees to comply with the rules and regulations of the City of Sheldon.

SIGNATURE: _____ DATE: _____

“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, 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 the race/national origin of individual applicants on the basis of visual observation or surname.”

Ethnicity:
Hispanic or Latino _____
Not Hispanic or Latino _____

Gender: Male _____
Female _____

Race: (Mark one or more)
White _____ Asian _____
Black or African American _____
American Indian/Alaska Native _____
Native Hawaiian or Other Pacific Islander _____