

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 \_\_\_\_\_