

City of Menno, South Dakota - Application for Utility Service

Phone/Fax: (605) 387-2427 Email: menocity@gwtc.net; PO Box 432, Menno, SD 57045

Applicant(s) agrees to pay for water, sewer and solid waste services at the established rates and consents to all the rules, regulations and rates contained in the resolutions or ordinances of the Municipality and modifications thereof, and to all new rules, regulations and rates duly adopted. *(These documents are available for review at the City Finance Office during regular business hours.)*

Service Address: _____ Application Date: _____

APPLICANT INFORMATION

Name: _____ Date of Birth: _____ SS #: _____

Driver's License #: _____ Mailing Address: _____

Phone #'s: Home: _____ Cell Phone: _____ Work: _____

Email: _____ Employer Name: _____

I authorize the City of Menno to allow the following person(s) to obtain information or make changes to this account.

CO-APPLICANT INFORMATION

Name: _____ Date of Birth: _____ SS #: _____

Driver's License #: _____ Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Employer Name: _____

IF RENTING, PLEASE COMPLETE:

Name of Landlord: _____ Landlord Phone #: _____

Landlord Mailing Address: _____

(The City of Menno reserves the right to disclose account information to the property owner.)

X _____
Applicant Signature

X _____
Date

X _____
Co-Applicant Signature

X _____
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, ethnicity and sex of applicants on the basis of visual observation or surname.

_____ I do not wish to furnish this information.

Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino

Sex: _____ Male _____ Female

Race: (mark all that apply) _____ White _____ Black or African American _____ Asian
_____ American Indian or Alaska Native _____ Native Hawaiian or Other Pacific Islander

Date to Start Service: _____ Meter Reading: _____

Deposit – Date Paid: _____ Amount Paid: _____ Cash Receipt or Check #: _____

Date Refunded: _____ Amount: _____ Check #: _____

Date Applied to Account: _____ Amount: _____ Check #: _____