

City of Vernon Center  
101 Oak St. N, PO Box 385  
Vernon Center, MN 56090  
E-mail: [VcClerk18@gmail.com](mailto:VcClerk18@gmail.com)

Application for Water/Sewer/Garbage Service

I/WE AGREE TO SUPPLY THE CITY CLERK'S OFFICE WITH MY/OUR FORWARDING ADDRESS AND THE FINAL PAYMENT WITHIN 10 DAYS OF THE DATE OF THE LAST BILL.

I/WE UNDERSTAND THAT PAYMENT FOR WATER/SEWER SERVICE IS REQUIRED TO BE PAID IN **FULL** BY THE 25<sup>TH</sup> OF EACH MONTH. I/WE ALSO UNDERSTAND THAT SERVICE WILL BE DISCONNECTED IF PAYMENT IS 60 DAYS LATE AND A RECONNECT FEE AS SET BY COUNCIL RESOLUTION WILL APPLY WHEN ACCOUNT IS PAID IN FULL. ARRANGEMENTS FOR PAYMENT CAN BE AGREED UPON PRIOR TO DISCONNECTION.

Today's Date \_\_\_\_\_

Choice of Garbage size: \_\_\_ Regular \$11.83 per mth +tx  
(or current size) \_\_\_ Large \$13.84 per mth +tx

\_\_\_\_\_  
First and Last Name

Number of Persons \_\_\_\_\_  
in Household Heat Source

\_\_\_\_\_  
Address for Water/Sewer Service

\_\_\_\_\_  
Mailing Address (PO Box required, if applicable)

\_\_\_\_\_  
Home/Cell Phone

\_\_\_\_\_  
If Rental Property—Landlord

\_\_\_\_\_  
Date Service is Requested

\_\_\_\_\_  
Landlord Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Landlord Phone

**APPLICANT DATE RECORD**

Please provide the following information so that the City of Vernon Center will be in compliance with Title VI of the Civil Rights Act of 1964.

In order to meet the requirements of the Federal Register Vol. 62 No. 210, Revision to the Standard for the Classification of Federal Data on Race Ethnicity, all application forms for city utility connections must include below the signature and date block and the following disclosure statements.

Please check the appropriate information below:

***\*\*The following information regarding race, color, or national origin designation is requested in order to assure the Federal Government that the City of Vernon Center 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.\*\****

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

ETHNIC CATEGORIES

- Hispanic or Latino
- Not Hispanic or Latino

If you feel you have been discriminated against you can file a complaint to: USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington DC 20250-9410 or call (202) 720-5964 (voice and TDD).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Who filled out this form? (check one)

- Participant
- Employee Observed

---

**FOR OFFICE USE ONLY**

Application Received \_\_\_\_\_

Service Start Date \_\_\_\_\_

Account Number \_\_\_\_\_

Beginning Reading \_\_\_\_\_

Ending Reading \_\_\_\_\_

Final Bill Paid \_\_\_\_\_