CITY OF SHELDON UTILITY SERVICE APPLICATION

"THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER"

NAME:	SSN:
	PHONE:
MAIL ADDRESS:	
CITY/ST:	
	OWNER: YESNO
	MAIDEN NAME:
	PHONE:
	NO OF YRS:
	SSN:
	PHONE:
	PHONE:
	PHONE:
	RECEIPT NO:
We look forward to providing our services to you. I collection costs until paid in full. ***********************************	owa Check Law is enforced, a 1.5% finance charge per month plus all legal and
The undersigned hereby agrees to comply with the ri	ules and regulations of the City of Sheldon.
SIGNATURE:	DATE:
prohibiting discrimination against applicants see information, but are encouraged to do so. This i	Federal Government in order to monitor compliance with Federal Laws eking to participate in this program. You are not required to furnish this information will not be used in evaluating your application or to if you choose not to furnish it, we are required to note the race/national sual observation or surname."
Ethnicity:	Race: (Mark one or more)
Hispanic or Latino	White Asian
Not Hispanic or Latino	Black or African American American Indian/Alaska Native
Gender: Male Female	Native Hawaiian or Other Pacific Islander
**I HAVE RECEIVED THE BILLING INFO PAYMENTS.	DRMATION AND UNDERSTAND THE PENALTIES FOR LATE
Signature	Date