CITY OF SHELDON UTILITY SERVICE APPLICATION

"THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER"

NAME:	SSN:
	PHONE;
MAIL ADDRESS:	DATE OF BIRTH:
CITY/ST:	ZIP
NO. OF OCCUPANTS	OWNER: YESNO
	MAIDEN NAME:
EMPLOYER	PHONE:
	NO OF YRS:
	SSN:
	PHONE:
	PHONE:
	PHONE:
	RECEIPT NO:
collection costs until paid in full.	wa Check Law is enforced, a 1.5% finance charge per month plus all legal and
The undersigned hereby agrees to comply with the ru	les and regulations of the City of Sheldon.
SIGNATURE:	DATE:
prohibiting discrimination against applicants see information, but are encouraged to do so. This is	Federal Government in order to monitor compliance with Federal Laws king 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 Not Hispanic or Latino	White Asian Black or African American
1 tot mapaine of Latino	American Indian/Alaska Native
Gender: Male Female ′	Native Hawaiian or Other Pacific Islander
**I HAVE RECEIVED THE BILLING INFO PAYMENTS.	PRMATION AND UNDERSTAND THE PENALTIES FOR LATE
Signature	Date