

**CITY OF GREEN ISLE**  
310 McGrann Street  
P.O. Box 275, Green Isle, MN 55338  
Telephone: (507) 326.3901 Fax (507) 326.3192

**APPLICATION FOR WATER/SEWER SERVICE**

I/WE AGREE TO SUPPLY THE CITY CLERK'S OFFICE WITH MY FORWARDING ADDRESS AND THE FINAL PAYMENT WITHIN 10 DAYS OF THE DATE OF THE LAST BILL. I/WE UNDERSTAND THAT PAYMENT FOR WATER/SEWER/GARBAGE SERVICE IS REQUIRED IN <u>FULL</u> BY THE BILLING'S DUE DATE. I/WE ALSO UNDERSTAND THAT MY SERVICE MAY BE DISCONNECTED FOR NON-PAYMENT IF ANY PORTION OWED EXCEEDS 60 DAYS. I/WE ALSO AGREE TO PAY A \$50.00 (WEEKDAYS) OR \$75.00 (WEEKENDS & HOLIDAYS) RECONNECT FEE IF MY WATER/SEWER SERVICE IS DISCONNECTED FOR NON-PAYMENT.
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Today's Date \_\_\_\_\_

_____	No. of Persons _____	_____
First and Last Name	in Household	<b>HEAT SOURCE</b>

_____	_____
Address for Water/Sewer Service	Mailing Address

_____	_____
Home Telephone	Work Telephone

_____	_____
Cell Phone	Date Service is Requested to Begin

_____	_____
Name of property/land owner if not same as above	Address and telephone of property owner

**APPLICANT DATA RECORD**

Please provide the following information so that the City of Green Isle 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 Standards for the Classification of Federal Data on Race Ethnicity, all application forms for city utility connections must include below the signature and date block the following disclosure statements.

Please check the appropriate information below:

<b>RACIAL CATEGORIES</b>	<b>ETHNIC CATEGORIES</b>
_____ American Indian or Alaskan Native	_____ Hispanic or Latino
_____ Asian	_____ Not Hispanic or Latino
_____ Black or African American	_____ White
_____ Native Hawaiian or Pacific Islander	

GENDER: Male \_\_\_\_\_ Female \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CONTINUED ON OTHER SIDE

The City of Green Isle is an Equal Opportunity Provider and Employer

**“The following information is requested by the Federal Government in order to monitor compliance with the Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this, 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 race/national origin of individual applicants on the basis of visual observation or surname”.**

If you feel you have been discriminated against: To file a complaint of discrimination, write 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 TTD).

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**FOR CITY CLERK OFFICE USE ONLY**

Application Received \_\_\_\_\_  
Service Start Date \_\_\_\_\_  
Account Number \_\_\_\_\_  
  
Final Bill Paid \_\_\_\_\_  
Disconnect Notice Sent \_\_\_\_\_  
Disconnect Fee Paid \_\_\_\_\_