

# Service Request Agreement

City of Osakis

14 Nokomis Street East PO Box 486 Osakis, MN 56360

Phone #320-859-2150 Fax #320-859-3978

www.cityofosakis.com

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Account # \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Applicants Signature \_\_\_\_\_

By signing this agreement, it is hereby understood by the applicant that water/sewer/garbage is billed monthly and **payment is due in the City Clerk's office on or before the 10th of every month to avoid any late charges.** If your bill is delinquent for two months you will be notified and if no payment is made within 10 days of the delinquent notice your utilities will be shut-off. The applicant will be required to pay the balance in full, plus a \$25.00 reconnection fee.

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

The information regarding race, color, or national origin designation is required in order to assure the Federal Government that the City of Osakis 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 chose not to furnish this information, we are required to note your race/color/national origin on the basis of visual observation or surname.

Please check boxes that apply to **ALL** members of your household in the appropriate racial categories and ethnic categories below:

## RACIAL CATEGORIES

American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Pacific Islander  
 White

## ETHNIC CATEGORIES

Hispanic or Latino  
 Not Hispanic or Latino

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write to the USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an Equal Opportunity Provider and Employer.

**PLEASE RETURN THIS PAGE TO THE CITY OF OSAKIS**

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