

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	
Garbage rates: (please mark your choice)	
64 Gallon & Recycling \$19.35	
96 Gallon & Recycling \$21.39	
Douglas & Todd Counties - Transit Use Tax5%	
By signing this agreement, it is hereby understood by the applicant that water/sewer/garbage is billed mont <i>payment is due in the City Clerk's office on or before the 10th of every month to avoid any late char</i> your bill is delinquent for two months you will be notified and if no payment is made within 10 days of the delinotice your utilities will be shut-off. The applicant will be required to pay the balance in full, plus a reconnection fee.	r ges. If inquent
Please provide the following information so that the City of Osakis will be in compliance with Title the Civil Rights Act of 1964.	VI of
The information regarding race, color, or national origin designation is required in order to assure Federal Government that the City of Osakis complies with Federal Laws prohibiting discrimination basis of race, color, or national origin. You are not required to furnish this information, be encouraged to do so. This information will not be used in evaluating your request for services discriminate against you in any way. However, if you chose not to furnish this information, required to note your race/color/national origin on the basis of visual observation or surname.	on the out are s or to
Please check boxes that apply to ALL members of your household in the appropriate racial categorie ethnic categories below:	s and
RACIAL CATEGORIES American Indian or Alaskan NativeAsianNot Hispanic or LatinoBlack or African AmericanNative Hawaiian or Pacific IslanderWhite	
In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is profrom discriminating on the basis of race, color, national origin, sex, age or disability.	hibited
To file a complaint of discrimination, write to the USDA, Director, Office of Civil Rights, Room Whitten Building, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call (202) 72 (voice and TDD). USDA is an Equal Opportunity Provider and Employer.	