

CITY OF WYKOFF
106 North Gold Street
P.O. Box 218, Wykoff, MN 55990
Telephone: (507)352-4011, Fax (507)352-2415

DATA COLLECTION FOR WATER/SEWER SERVICE

I/WE UNDERSTAND THAT A DEPOSIT OF \$150.00 IS DUE PRIOR TO SERVICE BEING CONNECTED. 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 BEFORE MY DEPOSIT IS RETURNED.

I/WE UNDERSTAND THAT PAYMENT FOR WATER/SEWER SERVICE IS REQUIRED IN FULL BY THE 15TH OF EACH MONTH. I/WE ALSO UNDERSTAND THAT MY SERVICE MAY BE DISCONNECTED FOR NON-PAYMENT AFTER THE 20TH OF EACH MONTH. I ALSO AGREE TO PAY A \$50.00 RECONNECT FEE IF MY WATER/SEWER SERVICE IS DISCONNECTED.

Today's Date _____

First and Last Name

HEAT SOURCE

Business Name

Address for Water/Sewer Service

Mailing Address

Email Address

Emergency Text Notification List ☐

Home Telephone

Cell Phone

Date service is requested

Date Deposit is paid

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 Wykoff 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:

RACIAL CATEGORIES

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

ETHNIC CATEGORIES

_____ Hispanic or Latino
_____ Not Hispanic or Latino
_____ White

GENDER: Male _____ Female _____

SIGNATURE _____ DATE _____

The City of Wykoff 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).

FOR CITY CLERK OFFICE USE ONLY

Application Received _____
Deposit Received _____
Service Start Date _____
Account Number _____

Final Bill Paid _____
Deposit Returned _____
Disconnect Notice Sent _____
Disconnect Fee Paid _____