



CITY OF CLARK, SOUTH DAKOTA

120 North Commercial Street, Clark, SD 57225 | Phone: (605) 532-5665 | Fax: (605) 532-5668

www.cityofclark.com

APPLICATION AND AGREEMENT FOR RESIDENTIAL/COMMERCIAL WATER, GARBAGE AND SEWER SERVICE

Name: _____ Social Security #: _____

Spouse's Name: _____ Social Security #: _____

D.O.B.: _____ Spouse's D.O.B.: _____

Service Address: _____ Mailing Address: _____

Home Phone #: _____ Cell Phone #: _____

E-mail Address: _____

Employer Name: _____ Phone #: _____

Desired Connection Date: _____

Your Last Address: _____

OPTIONS AVAILABLE (Circle any you are interested in):

E-Mail Bill

Auto Pay

IF RENTING PLEASE COMPLETE:

Name of Landlord: _____ Landlord Address: _____

Have you had our service before (Circle One): Yes No
(If yes, please provide that address below)

Applicant Signature

Date

For Office Use:

Account # _____

Deposit Amount Paid _____

Meter # _____

Bookstop # _____

Beginning Reading _____

UB _____ SS _____ RD _____ E-Mail _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans and grants in order to monitor the Lender's compliance with Federal Civil Rights laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in the evaluation of your application and the law requires that a program recipient may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulation, this program representative is required to note race/ethnicity on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.

I DO NOT WISH TO FURNISH THIS INFORMATION

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ETHNICITY:

_____ Hispanic or Latino

_____ Non-Hispanic or Latino

RACE:

_____ American Indian/Alaskan Native

_____ Asian

_____ Black or African American

_____ White

_____ Native Hawaiian or Other Pacific Islander

SEX:

_____ Male

_____ Female

_____ Information provided by Finance Office

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 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 or TDD). USDA is an equal opportunity provider and employer.