

CITY OF MANSFIELD

APPLICATION FOR SERVICES

CONTACT INFORMATION

Name		Prior Mailing Address	
Service Address			
E-mail		Nearest Relative	
Phone Number		Address of Relative	
SS#		Phone number Relative	
Date of Birth		Number Occupancy	

TYPE OF SERVICES REQUESTED

SERVICE TYPE	Check All that Apply	AMOUNT PAID	DOLLAR AMOUNT	CHECK NUMBER	METER NUMBER
Electric					
Water					
Sewer					
Garbage					

REFERENCES

Are you an Owner of the Property	Yes No (circle one)	Phone	
Are you a Renter of the Property	Yes No (circle one)		
What is the Owners Name		Owner Phone	
What is the Owner Address			
Owners City, State, Zip			
Prior City of Utilities		Do you owe past Utilities anywhere	Yes No (circle one)

MONITOR COMPLIANCE

"This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call 866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, by fax 202-690-7442 or email at program.intake@usda.gov."

Ethnicity (Circle)	Hispanic Latino Other	Gender (Circle One) Male Female
Race (Circle)	White/Caucasian Asian Alaska native Black or African American America Indian Native Hawaiian or Pacific Islander	Name and Title

AGREEMENT SIGNATURE

SIGNATURE		Date
Printed Name		

AGREEMENT CREDIT CHECK

I authorize a credit check: (Circle One) Yes No		
Signature		Date