



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 #: _____
 Service Address: _____ Mailing Address: _____
 Home Phone #: _____ Cell Phone #: _____
 E-mail Address: _____ Date of Birth: _____
 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

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.

