

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

The following information is requested by the federal government in order to monitor compliance with federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will 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 the individual applicants on basis of visual observation or surname.

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