

REQUEST FOR SERVICES FROM THE CITY OF LAKE NORDEN



"This institution is an equal opportunity provider, and employer."

SERVICES REQUESTED FOR:

NAME: _____

MAILING ADDRESS: _____

PROPERTY ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

TYPE OF SERVICES REQUESTED (CHECK ALL THAT APPLIES):

- WATER
 SEWER
 GARBAGE

(SIGNATURE OF PERSON REQUESTING SERVICES)

DATE

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 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 regulations, this program representative is required to note race/ethnicity on the basis of visual observation or surname".

I DO NOT WISH TO FURNISH THIS INFORMATION

ETHNICITY:

(Mark only one)

Hispanic _____

Non-Hispanic _____

RACE:

(Mark one or more)

Native American _____

Asian _____

African American _____

White _____

Hawaiian or _____

Pacific Islander _____

GENDER:

Male _____

Female _____

***Information provided by Management _____