## TOWN OF NEWELL APPLICATION FOR REQUEST OF SERVICES

## SERVICES REQUESTED FOR WATER-SEWER-GARGAGE COLLECTION:

PROPERTY ADDRESS RECEIVING SERVICE:			
OWNER OF PROPERTY:			
If you do not own the propo	erty listed above the owner can b	be notified if a bill has not been paid.	
NAME OF PERSON REQUEST	TING SERVICES:	1	
DRIVER'S LICENSE NUMBEI	R:		
DATE OF BIRTH:			
MAILING ADDRESS:			
HOME PHONE:	WORK PHONE:	CELL PHONE:	
EMAIL:			
HOW WOULD YOU LIKE TO			
MAIL: EMAIL: BOTH:			
PERSONAL REFERENCE	CE:		
NAME:			
MAILING ADDRESS:			
PHONE NUMBER:			
I VERIFY THAT THI	E ABOVE INFORMATION IS	CORRECT AND ACCURATE.	
(SIGNATURE OF PERSON F	RECEIVING SERVICES)	DATE	
License required for pets. Do	o you have pets to license? Ye	es No	
\$150.00 DEPOSIT REQU	JIRED WITH APPLICAT	TION.	
		10 to	
DATE DEPOSIT RECEIVED	CHECK #	RECEIPT #	

## RACE AND ETHNICITY DATA COLLECTIONS

TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 REQUIRES "RACE AND ETHNIC" DATA COLLECTION FROM BENEFICIARIES OF FEDERALLY ASSISTED PROGRAMS: "PLEASE NOTE DISCLOSURE CLAUSE" BELOW:

"THE FOLLOWING INFORMATION IS REQUESTED BY THE FEDERAL GOVERNMENT FOR CERTAIN TYPES OF LOANS AND GRANTS IN ORDER TO MONITOR COMPLIANCE WITH FEDERAL CIVIL RIGHTS LAWS PROHIBITING DISCRIMINATION AGIANST 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 BAISIS OF VISUAL OBSERVATION OR SURNAME".

IF YOU DO NOT WISH TO PROVIDE THE INFORMATION DI FASE CHECK THE BOX BELOW.

ii 100 bo not wish for kovide the information, relabe check	THE BOX BELOW,	
I DO NOT WISH TO FURNISH THIS INFORMATION.		
ETHNICITY: (MARK ONLY ONE)		
HISPANIC OR LATINO		
NOT HISPANIC OR LATINO		
RACE: (MARK ONE OR MORE)		
AMERICAN INDIAN/ALASKAN NATIVE		
ASIAN		
BLACK OR AFICAN AMERICAN		
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		
WHITE		
GENDER:		
MALEFEMALE		
INFOMATION PROVIDED BY MANAGEMENT		

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, famility parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by.). Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

The Town of Newell Is an equal opportunity provider, employer, and lender.