

*City of New Town
Post Office Box 309
New Town, North Dakota 58763
701.627.4812*

*Application for Water Services
Customer Water Fee \$ 250.00*

1. *Name*_____
2. *Spouse*_____ *Email*_____
3. *Post Office Box Number*_____
4. *City*_____ *State*_____ *Zip*_____
5. *Telephone Number*_____
6. *Occupation/Employer*_____
7. *Work Phone*_____
8. *Have you ever had water service in New Town?*_____
9. *Physical Address of Residence*_____
10. *Previous Occupant*_____
11. *Water Meters are the responsibility of the customer/home owner. Initial*_____
12. *Signature*_____ *Date*_____

Please Fill Out Next Page

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government in order to monitor compliance with applicable Federal Civil Rights laws. You are not required to furnish this information, but are encouraged to do so. The law states that a provider of services 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 the provider of services is required to note race, ethnicity, and sex on the basis of visual observation or surname.

Ethnicity (mark one)	Race (mark one or more)
<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 2 or More Races <input type="checkbox"/> Other race
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	