Applicant's Name			Rent	Purchased	Contract for Deed
Service Address			Breckenridge, MN 56520		
Mailing or Billing Addr	ess				
Phone No		Email Address (for energy saving tip	os)		
Present Employer		Business Phone No.			
Name of previous Utili	ity Co. from which ser	vice was received			
Special Service Conditi In accordance w	ions (Life Support Syst vith the Minnesota Governm	em, etc.)	f the City of Breck	enridge is required to info	orm you of your rights as they
pertain to the private inform	ation collected from you.			- ·	
The dissemination	on and use of the private da	ta we collect is limited to that necessary for determining	g the extension of	credit to you by the Public	Utilities Department. This
information will be used excl	, ,	•			
		tained in the Minnesota Government Data Practices Act	-	ude: 1.The right to see and	d obtain copies of the data
,	0	of the data 3. Contest the accuracy and completeness o	f the data.		
	0,	staff of the Public Utilities Department.			
		mation regarding my rights as a subject of government o			
Date	Applica	nt's Signature			
Public Notification Po	licy: In accordance with Fe	deral law and U.S. Department of Agriculture policy, this	institution is prol	nibited from discriminating	g on the basis of race, color,
national origin, sex, age, or d	lisability (Not all prohibited	bases apply to all programs.)			
		or, Office of Civil Rights, Room 326-W, Whitten Building, tunity provider and employer.	1400 Independen	ce Ave., SW., Washington	, D.C. 20050-9410 or call
Monitoring Participat	ing by Race & Nationa	al Origin: Please provide the following information so	that the City of Br	eckenridge and Breckenri	dge Public Utilities will be
		The information regarding race, color, or national origin			

incompliance with Title VI of the Civil Rights Act of 1964. The information regarding race, color, or national origin designation is requested in order to assure the Federal Government that the City of Breckenridge and Breckenridge Public Utilities comply with Federal Laws prohibiting discrimination on the basis of race, color, or national origin. You are not required to furnish this information, but are encouraged to do so. This information will not be used evaluating your request for services or discriminate against you in anyway. However, if you choose not to furnish this information, we are required to note your race/color/national origin on the basis of visual observation or surname.

Please check the appropriate information below:

 Racial Categories:
 ______ American Indian or Native American;
 _____ Asian;
 _____ Black or African American;
 _____ White

 Ethnic Categories:
 _____ Hispanic or Latino;
 _____ Native Hawaiian or Pacific Island;
 _____ Not Hispanic or Latino