



CITY OF FREEPORT

125 Main Street E – PO Box 301 – Freeport, MN 56331 – 320-836-2112 – FAX 320-836-2116
For TTY/TDD Users 1-800-627-3529 or 711 Minnesota Relay Service www.freeportmn.org

New City Resident – Water Connection

NAME (PRINT FIRST & LAST)	PHONE NUMBER(S)
STREET ADDRESS/SERVICE ADDRESS	MAILING ADDRESS
PROPERTY OWNER	OTHER RESIDENT(S) If any, and phone number(s)
MOVE-IN DATE	METER READING (will be obtained by city staff)
SIGNATURE	DATE

Please provide the following information so that the City of Freeport will be in compliance with the 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 Freeport complies with Federal Laws prohibition 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 in evaluating your request for services or to discriminate against you in any way. However, if you choose not to furnish this information, we are required to note your race and national origin on the basis of visual observation of surname.

Please check the appropriate information below:

Racial Categories

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Some other Race
- Two or more Races

Ethnic Categories

- Hispanic or Latino
- Not Hispanic or Latino