

Please return this portion to:

City of Montrose
P.O. Box 25
Montrose, MN 55363

Or drop it by the City Office located at 311 Buffalo Avenue. Office hours are 7:00 AM to 4:30 PM Monday - Thurs. & 7am to 11 am Fri. If the office is closed there is a drop box available.

NAME: _____ MOVE IN DATE: ____/____/____

ADDRESS: _____ P.O. BOX: _____

PHONE: _____ CURRENT WATER METER READING: _____

HAVE YOU INSTALLED A 2ND WATER METER FOR OUTSIDE WATERING? _____ (YES OR NO)

GARBAGE CONTAINER REQUESTED: _____ 30 GAL _____ 60 GAL _____ 90 GAL

E-MAIL ADDRESS _____

NEW HOME CONTRUCTION: HAVE YOU RECEIVED LANDSCAPE REQUIREMENTS? _____

Please provide the following information so that the City of Montrose will be in compliance with Title VI of 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 Montrose complies 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 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 or surname.

Please check the appropriate information in both columns below:

RACIAL CATEGORIES

_____ American Indian or Alaskan Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or Pacific Islander
_____ White

ETHNIC CATEGORIES

_____ Hispanic or Latino
_____ Not Hispanic or Latino