

WARREN

Your New Hometown



NAME: _____ **MOVE IN DATE:** _____

ADDRESS: _____

BILLING ADDRESS (if different from above): _____

S.S.# _____ **BIRTHDATE** _____

PHONE NO: _____ **CELL PHONE NO:** _____

EMAIL ADDRESS: _____

EMPLOYER/PROFESSION _____ **PHONE NO:** _____

SPOUSE NAME: _____ **S.S.#:** _____

EMPLOYER: _____ **PHONE NO:** _____ **BIRTHDATE:** _____

The City of Warren is an equal opportunity provider and employer



City of Warren
120 East Bridge Avenue
Warren, MN 56762-1510

www.warrenminnesota.com

Dear Resident;

We are requesting the following information so that the City of Warren will be following Title VI of the Civil Rights Act of 1964 as it relates to our utility services

The information regarding race, color, or national origin designation is requested to assure the Federal Government that Warren complies with Federal Laws prohibiting discrimination based on 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/color/national origin based on visual observation or 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

ETHNIC CATEGORIES

- Hispanic or Latino
- Not Hispanic or Latino

Name: _____ Date: _____

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