

CITY OF CARLTON
310 Chestnut Ave
PO Box 336, Carlton MN 55718
(218)384-4229 Fax (218)384-3467
E-mail: carlton@cityofcarlton.com
www.cityofcarlton.com

APPLICATION FOR WATER/SEWER SERVICE

I/WE AGREE TO SUPPLY THE CITY CLERK'S OFFICE WITH MY/OUR FORWARDING ADDRESS AND THE FINAL PAYMENT WITHIN 10 DAY OF THE DATE OF THE LAST BILL.

I/WE UNDERSTAND THAT PAYMENT FOR WATER/SEWER SERVICE IS REQUIRED TO BE PAID IN **FULL** BY THE 25TH OF EACH MONTH. I/WE ALSO UNDERSTAND THAT SERVICE WILL BE DISCONNECT IF PAYMENT IS 60 DAYS LATE AND A \$50.00 DISCONNECT FEE AND \$50.00 RECONNECT FEE WILL APPLY.

_____	Today's Date _____
Business Name	
_____	_____
Address for Water/Sewer Service	Date Service is Requested
_____	_____
Telephone Number	If Rental Property – Landlord
_____	_____
Billing Address (PO Box required, if applicable) () preferred method for billing	Landlord Address
_____	_____
email () preferred method for billing	Landlord Phone

PUBLIC ALERT SYSTEM

The City of Carlton is using a Public Alert System. The alerts will include but are not limited to water issues, road closures, council meetings and other information that directly affect the residents of the city. You have the choice of receiving these alerts by email, voice mail, text message or opt out.

- Email Voice Mail Text Message Opt Out

Signature _____ Date _____

FOR OFFICE USE ONLY

Application Received _____

Service Start Date _____

Account Number _____

Beginning Reading _____

Ending Reading _____

Final Bill Paid _____