

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 _____

_____	No. of Persons _____	_____
First and Last Name	in Household	Heat Source
_____	_____	_____
Address for Water/Sewer Service	Date Service is Requested	
_____	_____	_____
Home/Cell Phone	If Rental Property – Landlord	
_____	_____	_____
Mailing Address (PO Box required, if applicable)	Landlord Address	
() Preferred method for billing		
_____	_____	_____
Email () Preferred method for billing	Landlord Phone	

APPLICANT DATE RECORD

Please provide the following information so that the City of Carlton will be in compliance with Title VI of the Civil Rights Act of 1964.

In order to meet the requirements of the Federal Register Vol.62 No. 210, Revision to the Standard for the Classification of Federal Data on Race Ethnicity, all application forms for city utility connections must include below the signature and date block the following disclosure statements.

Please check the appropriate information below:

****The following information is requested by the Federal Government in order to monitor compliance with the Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note race/national origin of individual applicants on the basis of visual observation or surname.****

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

If you feel you have been discriminated against you can file a complaint to: USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington DC 20250-9410 or call (202) 720-5964 (voice and TDD).

Signature _____ Date _____

FOR OFFICE USE ONLY

Application Received _____

Service Start Date _____

Account Number _____

Beginning Reading _____

Ending Reading _____

Final Bill Paid _____