

**CITY OF CARLTON**  
310 Chestnut Ave  
PO Box 336, Carlton MN 55718  
(218)384-4229 Fax (218)384-3467  
E-mail: [carlton@cityofcarlton.com](mailto:carlton@cityofcarlton.com)  
[www.cityofcarlton.com](http://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 25<sup>TH</sup> 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

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Application Received \_\_\_\_\_

Service Start Date \_\_\_\_\_

Account Number \_\_\_\_\_

Beginning Reading \_\_\_\_\_

Ending Reading \_\_\_\_\_

Final Bill Paid \_\_\_\_\_