

CITY OF CARLTON
310 Chestnut Ave
PO Box 336, Carlton MN 55718
(218)384-4229 Fax (218)384-3467
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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 DISCONNECTED 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_____

FOR OFFICE USE ONLY

Application Received _____

Service Start Date _____

Account Number _____

Beginning Reading _____

Ending Reading _____

Final Bill Paid _____