City of Watkins, Minnesota Water and Sanitary Sewer Service Application

I hereby make application for the	e following utility set	rvices:			
Commercial	Residential	Water		Sewer	
Account Name:					
Name of Spouse or Additional R	esponsible Party:				
Property Address:					
Mailing Address If Different Fro	m Above:				
Drivers License #		Social Sec	Social Security # (Last 4 digits)		
Home Phone:	Cell Phone:		_ н	leating Source:	
I am: Owner Renter _	if renter, giv	e name and add	ress (of owner:	
Please provide the following informatio The information regarding race, color, o Watkins complies with Federal Laws pr	n so that the City of Wath or national origin designat ohibiting discrimination of	kins will be in comp tion is requested in on the basis of race.	oliance order 1 , color	**************************************	
discriminate against you in any way. He race/color/national origin on the basis of Please check the appropriate	owever, if you choose no f visual observation or su	t to furnish this info			
RACIAL CATEGORIES (che	eck one)			CATEGORIES (check one)	
American Indian or Alas Asian	skan Native			anic or Latino Hispanic or Latino	
Black or African Americ				-	
Native Hawaiian or Paci	fic Islander			(check one)	
White			_ Male	e Female	
*******	*****	******	*****	*******	
****		ENT & SIGNATU		****	
It is hereby understood by the applicant 111 Central Ave. S., prior to 4:30 p.m. c will be added to all accounts with a past shut-off if an account is past due, accor	that water and sewer is b on the twenty-fifth (25 th) due balance. It is also un ding to ordinance and pol ollection with real estate	illed monthly; payn day of each month nderstood by the ap licy set forth by the	nent m to avoi plican City.		
I have read this application and agree to	follow the instructions o	f this application ar	nd all (City of Watkins ordinances and policy.	
Signature(s):				Date:	
*******		**************************************		*********	
CUSTOMED ACCOUNT #					
CUSTOMER ACCOUNT #					
BEGIN SERVICE ON					