

CITY OF WATSON
503 Co. Rd. 9
P.O. Box 7, Watson, MN 56295
Telephone: (320-269-8543
E-mail: cityofwatson@farmerstel.net
www.cityofwatson.com

APPLICATION FOR WATER/SEWER SERVICE

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

I/WE UNDERSTAND THAT PAYMENT FOR WATER/SEWER SERVICE IS REQUIRED IN FULL BY THE 18TH OF EACH MONTH. I/WE ALSO UNDERSTAND THAT MY SERVICE MAY BE DISCONNECTED FOR NON-PAYMENT AFTER THE 20TH OF EACH MONTH. I/WE ALSO AGREE TO PAY A \$100.00 RECONNECT FEE IF MY WATER/SEWER SERVICE IS DISCONNECTED.

Today's Date _____ Account _____

First and Last Name No. of Persons _____
in Household Heat Source _____

Address for Water/Sewer Service Mailing Address _____

Home/Cell Telephone Work Telephone _____

Date Service is Requested Email Address _____

Name of Licensed Plumber License Number _____

Name of Tenant if Rental Property Address/Telephone of Tenant _____

PLEASE ATTACH DRAWING SHOWING LOCATION OF BOTH THE WATER AND SEWER CONNECTIONS, INCLUDING SIZE OF CONNECTIONS. Also include the manner in which the connections are to be made.

Note: That all work shall be done in compliance with the Minnesota Plumbing Code. All water service connection lines must be made of material that is in compliance with the specifications of the Minnesota Plumbing Code. Required materials must be used from the water main to the water meter. A back flow device must also be installed at the property owner's expense.

NO SERVICE LINE SHALL BE COVERED until it is inspected by the City.

Open excavation shall be protected by suitable barriers, guards and lights.

Backfilling shall be thoroughly compacted and the street surface shall be left in as good a condition as before making the excavation.

MAINTENANCE SIGNATURE: _____

INSPECTION DATE: _____

APPLICANT DATA RECORD

Please provide the following information so that the City of Watson 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 Standards 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, 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: To file a complaint of discrimination, write 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 TTD).

PROPERTY OWNER'S SIGNATURE _____ DATE _____

Fees:

\$25.00	Water Connection Permit
\$50.00	Water Service Connection Fee
\$200.00	Water Meter
\$25.00	Sewer Connection Permit
\$50.00	Sewer Service Connection Fee
\$350.00	Total

Date Paid: _____

Check # _____

The City of Watson is an equal opportunity employer and provider.

Approved By: _____
City Clerk/Treasurer

CALL BEFORE YOU DIG!! GOPHER STATE ONE CALL: 1-800-252-1156

FOR CITY CLERK OFFICE USE ONLY

Application Received: _____
Service Start Date: _____
Meter ID: _____
Parcel Number: _____
Account Number: _____
Beginning Reading: _____
Ending Reading: _____
Final Bill Paid : _____