City of Carlos
109 1st Street West
P.O. Box 276
Carlos, MN 56319

City of Carlos
(320) 852-3000
office@cityofcarlos.com
Website: cityofcarlos.com

City of Carlos

Application for Water/Wastewater Service

APPLICANT INFORMATION *(Please print clearly)*

Name(s) on Account: _____

Service Address: _____

Mailing Address include PO Box (if different): _____

Telephone: _____ Email: _____

Preferred Utility Bill Delivery: ☐ Mail ☐ Email **Date Services Requested:** _____

I am the: ☐ Owner ☐ Renter

RENTER INFORMATION (If Applicable)

Property Owner Name: _____

Owner Mailing Address: _____

Owner Phone Number: _____

IMPORTANT NOTICE TO CUSTOMER

- Bills not paid by the due date are subject to penalty fees and possible service disconnection.
- Per City Ordinance §54.03, utility service may be discontinued for nonpayment only after notice and an opportunity to be heard regarding disputed charges.
- To dispute a bill, contact the Clerk-Treasurer at **320-852-3000** to request a hearing. Only billing accuracy will be considered; payment plans or waivers are not addressed at the hearing.
- Unpaid utility charges constitute a lien against the property. Any charges over 90 days delinquent as of October 31 may be certified to the County for collection with property taxes.

APPLICANT CERTIFICATION

I certify that the information provided is true and correct to the best of my knowledge and that I understand and agree to the conditions stated above.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Account Number: _____ **Meter Number:** _____
Service Start Date: _____ **Deposit Required:** ☐ Yes ☐ No
Deposit Amount: $_____ **Connection Fee Paid:** ☐ Yes ☐ No
Processed By: _____ **Date:** _____