

City of Balaton

134 Third Street,
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www.balaton.com

APPLICATION FOR WATER/SEWER/GARBAGE 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/GARBAGE SERVICE IS REQUIRED IN FULL BY THE 20TH OF EACH MONTH. A LATE FEE OF \$15.00 IS CHARGED AFTER THE 20TH. I/WE ALSO UNDERTSAND THAT MY SERVICE MAY BE DISCONNECTED FOR NONPAYMENT AFTER THE 20TH OF EACH MONTH/ I/WE ALSO AGREE TO PAY A \$150.00 REONNENCT FEE IF MY WATER/SEWER SERVICE IS DISCONNECTED.

Today's Date: _____

First and Last Name: _____ No. of Persons _____ in Household

Address for Water/Sewer/Garbage Service: _____

Mailing Address: _____

Home/Cell Telephone Number: _____ Work Telephone: _____

Email Address: _____ Date Service Requested: _____

Own: _____ Rent: _____

** Name of Property Owner/landlord if not same as above _____

Garbage Container, please indicate type Residential or Commercial and Size 35 Gallon – 65 Gallon – 95 Gallon

Signature: _____ Date: _____

FOR CITY CLERK OFFICE USE ONLY

Application Received: _____ Payment Type: CASH _____ CHECK _____ # _____
CREDIT CARD _____

Service Start Date: _____