Form: #121A

City of Stockton P.O. Box 239 Stockton, MN 55988 (507) 689-2005

Water Application for Service

Date information received:		Staff:	
Name of Applicant:			
Location of Street Address:			
Important: Please report chang	ge of address o	or address correction promptly to City Hall	l.
Phone Number:			
Mailing Address (if different):			
Account billed to (if different):			
Plumber Contractor:			
State License No.:		Phone:	
Owner will be responsible until a Bills are sent out monthly. If pay the month, a 10% penalty will be to discontinue water service to ac An amount due for water and sew with real estate taxes in accordance.	ment is not rece charged to the a counts remaining ver charges may ce with MN Sta	g out so that the City can order the meter read. keeived by the due date, which is the last day of account. The City of Stockton will give noticing 60 or more days delinquent after the due day be certified to the county auditor for collectivatutes 444.075. This certification will be madnether owner, tenant or other person. Signature of City Clerk – Treasurer	f ce late
Signature of property owner		Signature of City Clerk – Treasurer	
		Date	
Office Use:			
Pressure Reading: before:	after:	Reducer installed: Y N	
Date to begin service:		Meter Number:	