



174 Water Street P.O. Box 325
Alden, MN 56009

APPLICATION FOR CITY WATER, SEWER AND GARBAGE SERVICES

Owner/Name on account:

Please list any other person that may pay the bill for this account:

Street Address:

Mailing Address (if different from above):

Home phone number: _____

Work phone number: _____

Cellular number: _____

Date of closing/ possession: _____

It is hereby understood by the applicant that the water, sewer, and garbage is billed quarterly. Payment must be received by the due date listed on the bill. A ten percent late fee is applied to all past due accounts.

It is also understood by the applicant that if the account becomes past due, the City of Alden will proceed with shut-off according to City Ordinances. If, after proper notification the applicant does not pay the past due bill in full, the water service shall be shut-off. The property owner will then be required to pay the account in full, plus a non-refundable reconnection fee of \$75.00.

I have read this application and agree to follow the instruction of this application and the City Ordinances.

Signature

Date

Office Use:

Final/beginning meter reading: _____