



CITY OF WALKER-MINNESOTA

APPLICATION FOR WATER/SEWER SERVICE 1 of 2

City of Walker
Walker Water Works
205 Minnesota Avenue W
PO Box 207
Walker, MN 56484
218-547-5503 or 218-547-5504
jmeyer@ci.walker.mn.us

Property Address _____ Number of people in household _____

Check all that apply: Change of Ownership _____ Water turn on/off _____ Renting _____

If change of ownership enter closing date _____

Rental move in date _____

Date you would like the water turned on/off _____

Applicant Information:

Billing/Business Name(s) NOTE: Must be the name of the property owner

Billing Address _____

Phone Number _____ Phone Number _____

Applicant Email: _____

1. The customer hereby makes application for water/sewer service at the address set out above and agrees to pay for such water/sewer service at rates established by the City from time to time, it being understood that current monthly rates are as follows:

<u>HOOK UP FEES</u>	<u>SHUT OFF/TURN ON FEE</u>	<u>METER CHARGE</u>
WATER \$1700.00/ COMMERCIAL \$2,000	\$100 PLUS \$8.88 TAX	3/4" - 1" FURNISHED
SEWER \$1700.00/ COMMERCIAL \$2,000		1 1/2"-4" CUSTOMER'S EXPENSE
	<u>MONTHLY WATER/SEWER USAGE CHARGE</u>	
WATER-\$22.50 BASE	\$3.00 PER 1,000 GALLONS	.50 PFA SURCHARGE PER 1,000 GALLONS
SEWER-\$30.50	\$2.00 PER 1,000 GALLONS	STORM WATER \$1.00 ZONED R, LDR, MFR & TC \$2.00 ZONED CBD, GC, WCI, P



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2. The City agrees to provide water/sewer service to the customer subject to the provisions of the City Ordinance, rules and regulations for the operation of the water/sewer system.
3. The Water meter on the premises shall remain the property of the City and may be removed by the City upon termination of the service to the premises.

Privacy Statement

The Minnesota Data Privacy Act requires that we inform you of your rights about the private data we are requesting on this form. The following data contained on this form will be considered private data pursuant to M.S. 13.548: the name, address, telephone number, any other data that identifies the individual, and any data that describes the health or medical condition of the individual, family relationships, and living arrangements of an individual or which are opinions as to the makeup or behavior of an individual. We need this data to register you for a program and to contact you if necessary. City of Walker staff will have access to the data you provide to administer the program. You are not legally required to provide the data; however, refusing to supply the data may cause your registration to not be processed. Your acceptance here indicates you have read and understand these rights.

Privacy Agreement

I have read and agree to the data privacy policy and read and acknowledge items numbered 1-3.

Signature of Property Owner

Date: _____