

**CITY OF FRANKLIN**  
320 Second Ave. E.  
P.O. Box 326, Franklin, MN 55333-0326  
Telephone: (507)557-2259, Fax (507)557-2255  
email: franklin@mchsi.com

**APPLICATION FOR WATER/SEWER/GARBAGE SERVICE**

I/WE UNDERSTAND THAT I MAY HAVE TO PAY A \$50 WATER TURN ON FEE IF THE WATER TO THIS PROPERTY HAD BEEN DISCONNECTED. I/WE UNDERSTAND THAT PAYMENT FOR WATER/SEWER SERVICE IS REQUIRED BY THE 20<sup>TH</sup> OF THE BILLING MONTH OR 1/3 OF THE CURRENT BALANCE IS DUE EACH MONTH OF THE QUARTER. I/WE ALSO UNDERSTAND THAT MY SERVICE MAY BE DISCONNECTED FOR NON-PAYMENT. I ALSO AGREE TO PAY A \$100.00 RECONNECT FEE IF MY WATER/SEWER SERVICE IS DISCONNECTED.

Today's Date \_\_\_\_\_

\_\_\_\_\_ No. of Persons \_\_\_\_\_  
First and Last Name in Household **Hot Water Heat: Yes/No**

\_\_\_\_\_ Mailing Address  
Address for Water/Sewer Service

\_\_\_\_\_ I.D.-Drivers License Number-Copy  
Telephone

\_\_\_\_\_ Parcel Number  
Date service is requested

**APPLICANT DATA RECORD**

Please provide the following information so that the City of Franklin will be in compliance with title VI of the Civil Rights Act of 1964. In order to meet the requirements of the Federal Register Vol. 62 No. 210, Revision to the Standards for the Classification of Federal Data on Race Ethnicity, all application forms for city utility connections must include below the signature and date block the following disclosure statements.

Please check the appropriate information below:

RACIAL CATEGORIES

\_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Asian  
\_\_\_\_\_ Black or African American  
\_\_\_\_\_ Native Hawaiian or Pacific Islander

ETHNIC CATEGORIES

\_\_\_\_\_ Hispanic or Latino  
\_\_\_\_\_ Not Hispanic or Latino  
\_\_\_\_\_ White

GENDER: Male \_\_\_\_\_ Female \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

The City of Franklin is an Equal Opportunity Provider and Employer

**“The following information is requested by the Federal Government in order to monitor compliance with the Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note race/national origin of individual applicants on the basis of visual observation or surname”.**

If you feel you have been discriminated against: To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TTD).

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**FOR OFFICE USE ONLY**

Date Application Received \_\_\_\_\_

Service Start Date \_\_\_\_\_

Account Number \_\_\_\_\_

Meter Reading \_\_\_\_\_