



City of Watertown Petition for Municipal Services Application

DATE RECEIVED _____

Petition Contact Person _____

Phone No. _____ Fax No. _____ Email _____

City _____ State _____ Zip _____

A. Attached a complete legal description (This may be found on your abstract or deed. Please contact the Carver County Recorder’s Office to verify your description is complete.)

B. Service being requested:

- Water availability
- Sanitary Sewer availability

C. A filing fee:

- \$250 administrative fee
- \$1,500 escrow

D. Is the property annexed into the City? Yes No (*circle one*)

*If you’ve circled no, annexation is required to petition for municipal services. Please fill out the Annexation Petition Application and return it along with this form.

Signature of Contact Person for Petition

Date

PETITIONERS STATEMENT:

1. I/We, the undersigned, being owners of property abutting (insert names of streets within the petitioned area) _____ beginning at the intersection with _____ and ending at _____ do hereby petition the City of Watertown to investigate the feasibility to install sanitary sewer and/or water to service said properties.
2. I/We understand that the total cost of the municipal service installation will be benefit assessed equally among all properties to which sewer/water is available.
3. That I/We hereby agree to pay all cost related to investigating the feasibility in full to the City within 30 days of being billed. Initials: _____
4. The area of land to be serviced in acres is:
 _____ Platted _____ Unplatted _____ Total
5. The parcel number (s) of the area to be serviced is _____
6. The reason for the service being requested is _____

APPLICANT(S) SIGNATURE

All owners must sign, including joint tenants and property owners.

Print Name _____ Date _____

Address _____ Signature _____

Print Name _____ Date _____

Address _____ Signature _____

Print Name _____ Date _____

Address _____ Signature _____

Print Name _____ Date _____

Address _____ Signature _____

Print Name _____ Date _____

Address _____ Signature _____

OFFICE USE ONLY

Date Received: _____

Fee: _____

Receipt #: _____