Application for temporary watering permit

Permit number:_____

Name:		**Home phone:**	
Address:		**Mobile phone:**	
		Email address:	

_____, is applying for a temporary watering permit for
(name of individual or company)

_____, beginning on _____ and
(address of watering location) (start date)

ending 30 days later or _____.
(end date)

I understand that this permit is for ***new sod*** or ***new seeding only*** and extends for a 30-day period.

Extension of watering on restricted days or times will be subject to a penalty.

_____ _____

Date **Signature of applicant**

Mail permit to:
City of Mankato
Post Office Box 3368
Mankato, MN 56002

Drop permit off at:
Intergovernmental Center
10 Civic Center Plaza
Mankato, MN 56001

311 or 507-387-8600
mankatomn.gov