

## **UTILITY APPLICATION**

City of Wasilla, Public Works Department 290 East Herning Avenue Wasilla, Alaska 99654-7091

Phone 907.373.9016 Fax 907.373.9011 publicworks@cityofwasilla.gov

		Whom should the City bill (check one):		Individual 🗌		Business 🗌		Property Manager☐			
		**If billing business or property manager, please complete Section 1 for mailing information <u>and</u> complete Section 2 for the individual acting as guarantor on the account. <u>For billing to an individual, complete only Section 2.</u> **									
		Business Name/Property Manager									
MATION	n 1	Mailing Address									
	Section	City			State		Zip code				
		Federal Tax ID# Busine			ss Phone			Business Fax			
ORI											
BILLING INFORMATION		Individual Name(s)					Name Suffix				
	-	Social Security #		DOB		Drivers License# Issuing State					
	Section 2	Mailing Address									
	Sect	City		State				Zip code			
	•	Home Phone			Cell Phone			Work Phone			
	•	Email Address (optional):									
		Type of Service Requested: Wa	Water   Sewer			er 🗌 Metered 📗				Own  Rent	
ERVICE LOCATION INFORMATION		Street Address									
		Subdivision/Block/Lot									
		Complete ONLY if renting:									
RVICE		Landlord Name				Phone					
SEI		Mailing Address									
	-	City			State			Zip code			
		application I agree to abide by all rules and regulation									
service add services, h	dress ereb	to pay all collection fees should collection efforts be to until I notify the City of Wasilla in writing of disco by grants to the City of Wasilla, through its authorized is seen as a se	<mark>onnect.</mark> ed emplo	RIGHT (	OF ACCESS: The under agents access to the	ersigned applic se portions of	ant, as a the sewer	condit /wate	tion of re er system	eceiving sewer/water which, by Municipal	
		APPLICANT(S) SIGNATURE			 DATE						
		REMARKS		SERVICE START DATE							