

UTILITY APPLICATION

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

Phone 907.373.9016 Fax 907.373.9085 publicworks@cityofwasilla.gov

		Whom should the City bill (check one):	Indi	ividu	al∐ B	usiness 🗌		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								
	n 1	Mailing Address								
NO	Section 1	City			State			Zip code		
MATI	0)	Federal Tax ID# Business			s Phone B			Business Fax		
IFOR		Individual News (A)								
NI 91		Individual Name(s) Name Suffix							Suttix	
BILLING INFORMATION	•	Social Security #				Drivers License# Issuing State				
	Section 2	Mailing Address								
	Sect	City			State		Zip code			
		Home Phone Ce			ell Phone			Work Phone		
	-	Email Address (optional):								
		Type of Service Requested: Water Sewer				Metere	ed 🗌		Own Rent	
SERVICE LOCATION INFORMATION		Street Address								
		Subdivision/Block/Lot								
E LO	-	Complete ONLY if renting:								
RVIC		Landlord Name						Phone		
SE		Mailing Address						1		
	-	City			State		Zip code			
		application I agree to abide by all rules and regulations to pay all collection fees should collection efforts be no								
services, he	ereb	suntil I notify the City of Wasilla in writing of discon y grants to the City of Wasilla, through its authorized s responsible to maintain. This access shall be at reasor	employ	ees o	r agents access to tho	se portions of t	he sewer	/water syster	n which, by Municipal	
APPLICANT(S) SIGNATURE							DATE			
		REMARKS		SER'	SERVICE START DATE					