

Add Co-Applicant
 Transfer

Account # _____

Customer # _____

**City and Borough of Sitka
Commercial Utility Application (Fax 747-4779)**

Billing Name _____

Location of Service _____ Previous Physical _____

Mailing Address _____

Phone # _____ Type of Business _____

Business License # _____ EIN # _____ Date Established _____

Check one: Sole Proprietorship Partnership Corporation Other _____

Please complete this portion for the individual responsible for payment of the account: (Must be same as Applicant's Signature)

Applicant Name (Last, First, MI) _____

Residence Address _____ How Long? _____

Mailing Address _____

Social Security # _____ Drivers Lic. # & State _____

Home & Cell Phone # _____ Date of Birth _____

Please complete this portion for the individual responsible for payment of the account: (Must be same as Co-Applicant's Signature)

Co-Applicant Name (Last, First, MI) _____

Residence Address _____ How Long? _____

Mailing Address _____

Social Security # _____ Drivers Lic. # & State _____

Home & Cell Phone # _____ Date of Birth _____

To be completed by Service Representative

Deposit Required:

Yes (\$200.00)

No

Transfer

Deposit No. _____

Blue Binder

Previous UT Final Bills

Photo ID

Per (initials) _____

Credit Manager _____

Effective Date _____

The undersigned certifies that he/she is the owner-lessee-tenant of the premise where service is applied for with lawful authority to sign this application for utility service and agrees to pay the applicable rates and abide by the terms and conditions as prescribed in the Customer Service Policy and abide by the Municipal Ordinances applicable for all present and future utility service. Acceptance of the application by the Municipality of Sitka constitutes a contract between the Municipality and applicant. All costs incurred by the Municipality for the collection of any unpaid account shall be paid by the applicant. The information furnished on the application, including your social security number(s), is voluntary and will be used to determine if a deposit will be required. Your signature in the designated space authorizes the Municipality to conduct a credit check if such action is necessary in order to determine possible deposit requirements. Failure to provide information will automatically require a deposit.

I hereby declare that the information provided is true, accurate and complete to the best of my knowledge and belief, and is voluntarily submitted for the purpose of receiving utility service. It is understood that upon presentation of the application it becomes the property of the Municipality.

Applicant's Signature _____ **Date** _____

Co-Applicant's Signature _____ **Date** _____