

<input type="checkbox"/> Harbor	<input type="checkbox"/> Add Co-Applicant
<input type="checkbox"/> Harbor Liveaboard	<input type="checkbox"/> Transfer
<input type="checkbox"/> Transfer / Autopay	<input type="checkbox"/> Construction/Remodel

Account # \_\_\_\_\_  
 Customer # \_\_\_\_\_

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

**Applicant Name** (Last, First, MI) \_\_\_\_\_  
 Previous Name(s)/Maiden name \_\_\_\_\_ Tax Exempt? Y / N  
 Location of Service \_\_\_\_\_ Did you buy? Y/N  
 Mailing Address \_\_\_\_\_  
 Previous Physical Location \_\_\_\_\_ Moving Out \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Drivers Lic. # & State \_\_\_\_\_  
 Home & Cell Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Employer & Address \_\_\_\_\_  
 Employer Phone # \_\_\_\_\_ Date of Hire \_\_\_\_\_

**To be completed by Service Representative**

Deposit Required :

Yes (\$150.00)     No  
 Yes (\$100.00)     Transfer  
 Yes (\$50.00)

Deposit No.: \_\_\_\_\_

Tax Exempt No.: \_\_\_\_\_

Blue Binder  
 Previous UT Final Bills  
 Photo ID

Per (initials) \_\_\_\_\_

Credit Manager \_\_\_\_\_

Effective Date \_\_\_\_\_

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**Co-Applicant Name** (Last, First, MI) \_\_\_\_\_  
 Previous Name(s)/Maiden name \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Drivers Lic. # & State \_\_\_\_\_  
 Home & Cell Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Employer & Address \_\_\_\_\_  
 Employer Phone # \_\_\_\_\_ Date of Hire \_\_\_\_\_

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 numbers, are 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** \_\_\_\_\_