



# Anchorage Water & Wastewater Utility

## APPLICATION FOR SERVICE



Incomplete application or credit review subject to deposit requirement. Allow (2) business days for processing.

### RESIDENTIAL

Applicant Last Name or Business Name		Applicant First Name		Applicant Middle Initial	Applicant Social Security Number or Tax ID
Service Location Address		City		Zip	Date Service Requested
Billing Mailing Address		Suite/Apartment	City & State		Zip
Applicant Home Phone	Applicant Cell Phone	Applicant Driver's License Number   State		Applicant Email Address	
Last Permanent Address	City & State		Zip	Length at Residence	
Occupation	Employer	Employer Address		Employer Phone	Length of Employment
Spouse Name	Spouse Employer	Spouse Work Phone		Spouse Email Address	
Name of Personal Reference	Relationship	Reference Phone		Reference Email Address	
Applicant is Owner      Tenant		Landlord/Property Manager Name	Landlord/Property Manager Address		Landlord/Property Manager City
Landlord/Property Manager State	Landlord/Property Manager Zip	Landlord/Property Manager Phone		Landlord/Property Manager Cell Phone	

**Is there a life support device at this location which requires water to operate?**

No

Yes (please submit a Life Support Alert Certification signed by a medical professional)

**COMPLETE THIS PORTION IF YOU WANT A COPY OF TERMINATION NOTICE MAILED TO A THIRD PARTY**

Name of Third Party	Third Party Mailing Address	Third Party City	Third Party State	Third Party Zip
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**If a deposit is required on your account, it shall equal the average of two (2) monthly billings.  
You may be asked for an additional deposit if actual consumption exceeds this estimate.**

In case you must be contacted regarding your application, please give a phone number at which you can be reached **during normal business hours**:

Daytime PHONE:

PLEASE READ AND SIGN THIS AGREEMENT:

The undersigned certifies that he/she is the owner-lessee-tenant of the premises where service is applied for, with lawful authority to sign for this application of utility service, and agrees to pay the applicable rates and abide by the terms and conditions as prescribed by Municipal Ordinance and Utility Tariffs for all present and future utility service. Acceptance of this application by the Municipality of Anchorage constitutes a contract between the Municipality and the applicant. All costs incurred by the Municipality for the collection of any unpaid accounts shall be paid by the applicant.

The conditions under which a deposit will be required or waived are set forth in Anchorage Water & Wastewater Tariffs.

**PLEASE NOTE:** METER ACCESS MAY BE A REQUIREMENT FOR SERVICE; FAILURE TO PROVIDE ACCESS MAY RESULT IN DISCONTINUED SERVICE.

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. I understand that upon presentation, this application becomes the property of the Municipality. I also certify that I am eighteen (18) years of age or older.

APPLICANT PRINTED NAME:

APPLICANT SIGNATURE:

DATE

X

**FOR AWWU USE ONLY:**

TYPE OF APPLICATION:     NEW         UPDATE         NAME CHANGE FROM:

SERVICE REQUESTED:

DEPOSIT AMOUNT:

DEPOSIT NUMBER:

WATER

\$ \_\_\_\_\_

\_\_\_\_\_

SEWER

\$ \_\_\_\_\_

\_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

CUSTOMER ADVISED:

Deposit Requirements:     Yes

Life Alert Program:         Yes

ACCOUNT NUMBER: \_\_\_\_\_ - \_\_\_\_\_

Account Representative: \_\_\_\_\_

