



Anchorage Water & Wastewater Utility

APPLICATION FOR SERVICE



Incomplete application or credit review subject to deposit requirement. Allow two business days for processing.

COMMERCIAL

| | | | |
|---|--------------------------|------------------------|------------|
| Billing Name <i>(company name/entity)</i> | Service Location Address | Date Service Requested | |
| Type of Business | Federal Tax ID # | Business License # | NAICS Code |

INDIVIDUAL OR PARTNER RESPONSIBLE FOR PAYMENT

| | | | | |
|---|---|---|------------------------------------|-------------------------|
| Name / Owner | Residence Address | Primary Telephone Number | | |
| Email Address | Business Phone Number | | | |
| Social Security Number <i>(used only for identification)</i> | Driver's License Number | State | | |
| Billing Mailing Address | Suite/Apartment | City/State | Zip | |
| Corporation/LLC Proprietorship | Partnership Homeowners Association | DBA: | Applicant is: Owner Tenant | |
| Landlord/Property Manager Name | Landlord/Property Manager Primary Phone | Landlord/Property Manager Alternate Phone | Landlord/Property Manager Address | |
| Name of Personal Reference | Relationship | Reference Telephone | Reference Cell Phone | Reference Email Address |
| Personal Reference Address | Suite/Apartment | Personal Reference City/State | Personal Reference Zip | |

COMPLETE THIS PORTION FOR ANY OTHER OWNERS/PARTNERS/OFFICERS RESPONSIBLE FOR PAYMENT OF THIS ACCOUNT

| NAME | EMAIL | TITLE | PHONE NUMBER |
|------|-------|-------|--------------|
| | | | |
| | | | |

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 |
|---------------------|-----------------------------|------------------|-------------------|-----------------|

**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

AWWU USE ONLY:

TYPE OF APPLICATION: NEW UPDATE NAME CHANGE FROM:

SERVICE REQUESTED:

WATER

SEWER

DEPOSIT AMOUNT:

\$ _____

\$ _____

TOTAL: \$ _____

DEPOSIT NUMBER:

CUSTOMER ADVISED:

Deposit Requirements: Yes

Life Alert Program: Yes

ACCOUNT NUMBER: _____ - _____

Account Representative: _____