

Account # _____ - _____

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

Applicant Name (Last, First, Mi) _____
Previous Name(s)/Maiden name _____
Location of Service _____
Mailing Address _____
State ID# _____ **OR** Social Security# _____
Contact Phone _____ Date of Birth _____
Email _____
Is this location occupied at this time? _____
Will you be responsible for paying the utilities once the unit is occupied? _____

<u>To be completed by Service Representative</u>	
Deposit Required:	
<input type="radio"/> Yes (\$250.00)	<input type="radio"/> No
<input type="radio"/> Collections	
<input type="radio"/> Previous UT Final Bills	
<input type="radio"/> Photo ID	
Per (initials) _____	
Credit Manager _____	
Effective Date _____	

Co-Applicant Name (Last, First, Mi) _____
Previous Name(s)/Maiden name _____
State ID# _____ **OR** Social Security# _____
Contact Phone _____ Date of Birth _____

The undersigned certifies that he/she is the owner of the premises 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 you 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.

_____ **Please initial here indicating that you acknowledge that any unpaid balances on inactive accounts in your name will be transferred to this new account.**

Applicant's Signature _____ **Date** _____

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