

Add Co-Applicant
 Transfer

Account # _____ - _____

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

Billing Name _____
Business License# _____ **EIN#** _____
Location of Service _____
Mailing Address _____
Previous Physical Lctn _____ **Move Out Date** _____
Phone# _____ **Type of Business** _____
Email _____

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 _____
Mailing Address _____
State ID# _____ **and Social Security#** _____
Contact Phone _____ **Date of Birth** _____
Email _____

To be completed by Service Representative

Deposit Required:

Yes (\$350.00)
 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) 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** _____