



P.O. Box 46
 Kotzebue, Alaska 99752
 Phone: (907) 442-3401
 Facsimile: (907) 442-3742

CITY USE ONLY		
New / Disconnect / Reconnect		
Fees:		Receipt:
Account Number:		
Residential		Commercial
WA	Flat / Bulk	Meter: Yes No
SE	Flat/ Honey Bucket	Meter: Yes No Hydroflush: 1 2
GB	Flat	Frequency: 1 2 3 Baler Service

APPLICATION FOR MUNICIPAL UTILITY SERVICE

SECTION 1. APPLICANT INFORMATION Complete section 2 if you are not the owner.					
Name of Applicant: (Last Name, First Name, Middle Initial)					
Mailing Address (Post Office Box or Street Number, Street Name, City, State, Zip Code):					
Home Telephone Number:		Work Telephone Number:		E-Mail Address:	
Service Address:				Date Service Required:	
SECTION 2. OWNER INFORMATION					
Name of Owner: (Last Name, First Name, Middle Initial)					
Mailing Address: (Post Office Box or Street Number, Street Name, City, State, Zip Code)					
SECTION 3. TYPE OF SERVICE REQUESTED (Please check appropriate box).					
RESIDENTIAL: Primary family residence. Includes multi-units up to five units.					
Residential		Multi Residential		Residential/Commercial Combination	
		Number of Units:		(Residential structure also used for commercial business functions).	
Water – Flat / Bulk - Delivery		Sewer – Flat / Honeybucket		Garbage	
COMMERCIAL: All multi units of six-plex and above. Number of Units:					
Water – Metered / Non-Metered			Sewer – Metered / Non-Metered / Hydroflush Service – Once/ Twice A Week		
Garbage		Once Week	Twice Weekly	Thrice Weekly	Baler / Landfill Service
Is the business seasonal?		Yes	No	If yes, business is conducted between:	
SECTION 4. APPLICANT'S AGREEMENT					
The applicant 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 in Kotzebue Municipal Code 13.04, for all present and future utility service.					
SECTION 5. DISCLOSURE AND SIGNATURE					
I declare that the information provided is true, accurate and completed to the best of my knowledge and belief, and am voluntarily submitting for the purpose of receiving utility service.					
_____		_____		_____	
Printed Name of Owner/Agent or Tenant		Signature of Owner/Agent or Tenant		Date	
SECTION 6. PUBLIC WORKS DIRECTOR APPROVAL / CITY MANAGER CONCURRENCE (KMC 13.04.080c)					
Is service readily available in the area? Yes/No Date service inspected and completed: _____					
Comments: _____					
_____				_____	
Public Works Director Signature				Date	
_____				_____	
City Manager Signature				Date	