



P.O. Box 46  
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| CITY USE ONLY                |          |
|------------------------------|----------|
| New / Disconnect / Reconnect |          |
| Fees:                        | Receipt: |
| Account Number:              |          |
| Faxed to Public Works:       |          |

## APPLICATION FOR MUNICIPAL UTILITY SERVICE

|  |  |   |
|--|--|---|
| <b>SECTION 1. OWNER INFORMATION</b> (Complete section 2 if your tenant is responsible for the bill).   |  |   |
| 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:                            |
| <b>SECTION 2. TENANT INFORMATION</b>   |  |   |
| Name of Owner: (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:                                   |
| <b>SECTION 3. TYPE OF SERVICE REQUESTED</b> (Please check appropriate box).  |  |   |
| <b>RESIDENTIAL:</b> Primary family residence. Includes multi-units up to five units. (Number of Units:    )  |  |   |
| <input type="checkbox"/> Water – Flat / Bulk - Delivery  | <input type="checkbox"/> Sewer – Flat / Honeybucket  | <input type="checkbox"/> Garbage                  |
| <b>COMMERCIAL:</b> All multi units of six-plex and above. (Number of Units:    )   |  |   |
| <input type="checkbox"/> Water – Metered / Non-Metered   | <input type="checkbox"/> Sewer – Metered / Non-Metered / Hydroflush Service – Once/ Twice A Week |   |
| <input type="checkbox"/> Garbage   | <input type="checkbox"/> Once Week   | <input type="checkbox"/> Twice Weekly             |
|  | <input type="checkbox"/> Thrice Weekly   | <input type="checkbox"/> Baler / Landfill Service |
| Is the business seasonal?  | Yes  | No  |
| If yes, business is conducted between: _____   |  |   |
| <b>SECTION 4. DISCLOSURE AND SIGNATURE</b>   |  |   |
| 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. |  |   |
|  |  | _____<br>(Initial Here)                           |
| 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.  |  |   |
| _____<br>Printed Name of Owner/Agent or Tenant   | _____<br>Signature of Owner/Agent or Tenant  | _____<br>Date                                     |
| <b>SECTION 5. PUBLIC WORKS DIRECTOR APPROVAL / CITY MANAGER CONCURRENCE (KMC 13.04.080 ( c )</b>   |  |   |
| Is service readily available in the area? <u>Yes/No</u> Date service inspected and completed: _____  |  |   |
| Comments: _____  |  |   |
| _____<br>Public Works Director Signature   |  | _____<br>Date                                     |
| _____<br>City Manager Signature  |  | _____<br>Date                                     |