

**APPLICATION FOR RESIDENTIAL SERVICE**  
**SEWARD PUBLIC UTILITIES**  
*PO Box 167, Seward, AK 99664-0167*  
*Phone: (907) 224-4050 • Fax: (907) 224-4038*



Name of Applicant: \_\_\_\_\_  
Last First Middle

Co-Applicant Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_

Service Address: \_\_\_\_\_ Seward, Alaska 99664

	APPLICANT	CO-APPLICANT
Home Phone:		
Work/Mobile Phone:		
Email Address:		
SSN:		
Driver's License:		
Current Employer:		
Employer Address:		

Have you had an account with us before? If so, under what name: \_\_\_\_\_

Name of Landlord (if renting): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Does anyone in your home require life support system?  Yes  No

We understand that we must notify the city of Seward Utilities either by writing or in person when we wish to discontinue service. Failure on our part to do so does not relieve us of responsibility for service costs for utilities, at the above location, after we leave the service location. By signing below, we certify that the above information is accurate and that we have received a copy of the policies for City Utility Service per the applicable tariffs and fees established by the City, we further certify that we have no outstanding debts of any kind with the City of Seward. If it is discovered that we do have outstanding debts with the City of Seward, we understand and agree that our utilities may be subject to termination and agree to pay all outstanding debts and fees owed the City of Seward prior to service being reconnected.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

Office Use Only Below

DEPOSIT REQUIRED:\$ \_\_\_\_\_ DEPOSIT PAID:\$ \_\_\_\_\_ DEPOSIT # \_\_\_\_\_