

APPLICATION FOR COMMERCIAL SERVICE

SEWARD PUBLIC UTILITIES

PO Box 167, Seward, AK 99664-0167

Phone: (907) 224-4050 • Fax: (907) 224-4038



Date: _____ City Business License No: _____

Business Name: _____ FIN: _____

Business Phone: _____ Fax: _____

Mailing Address: _____

Service Address: _____ Seward, Alaska 99664

Type of Business: Corporation (must sign corporate guarantee)

Partnership

Sole Proprietorship

Owner/Partner/Corp Officer	Title	Social Security #	Driver's License #

Bank Branch: _____ Address: _____

Have you had an account with us before? No Yes

If "Yes", under what individual name or business name: _____

I certify that the above information is true and accurate and that I have received a copy of the policies for the City utility service, per the applicable tariffs and fees established by the City. I agree to pay for all charges relative to my utility service and to notify the City of Seward Utilities in person or in writing when I wish to discontinue service.

In the event that this is a corporate account, I represent that I hold the above position with the corporation and possess the authority to execute this application on behalf of the corporation as its authorized agent.

Signature/Title

Date

Signature/Title

Date

Office Use Only Below

DEPOSIT REQUIRED:\$ _____ DEPOSIT PAID:\$ _____ DEPOSIT # _____