



# CITY OF SEWARD PUBLIC UTILITIES

## Application for ELECTRIC Service

PO Box 167, Seward, AK 99664-0167

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

Date: \_\_\_\_\_

Date Service to Begin: \_\_\_\_\_

Service Address: \_\_\_\_\_

### Account Holder Information

Have Previous/Current Account With City (Name: \_\_\_\_\_)  Home contains life support system

Company Name (If applicable): \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

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

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

SSN (Last 4) or EIN: \_\_\_\_\_ Driver's License and State: \_\_\_\_\_

### Co-Applicant Information (if applicable)

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Property Information (If renter, provide Landlord's contact information)

Property Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

I understand that I must notify the City of Seward Utilities, on appropriate form, no less than five days before I wish to discontinue service. Failure to do so does not relieve me of the responsibility for the service costs for utilities at the above service location after I leave the location. By signing below, I certify that the above information is accurate and that I have received a copy of the policies for the City of Seward Utility Service per the applicable Tariffs and fees established by the City. I further certify that I have no outstanding debts of any kind with the City of Seward. If it is discovered that I do have outstanding debts with the City, I understand and agree that my utilities may be subject to termination and agree to pay all outstanding debts and fees owed to the City of Seward prior to service being reconnected.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### City to Complete This Section

Deposit Required:  Yes, Amount/Date Received: \_\_\_\_\_  No, Credit Proof/Date Received: \_\_\_\_\_

Zone: \_\_\_\_\_

Residential  Small General Service  Large General Service  Industrial  Boat Harbor