Acct #	

Date Service Requested

City of Kenai, Alaska



210 FIDALGO KENAI, ALASKA 99611

Application for Water and/or Sewer Service

Full Name Last First Middle	Location Address		
Spouse or Company Name	Parcel #		
Mailing Address	Legal Description		
	Type of Service		
Phone (H) (W)	Water	Sewer	
Driver"s License #	Flat Rate	Meter	
Birthdate	# of Units		
Social Security # (Optional)	Misc		
Employer	Term Date		
Nearest Relative Not Living With You	F	or Office Use Only	
Relative"s Relationship	Deposit #	Date	
Phone	Deposit Amt \$_		
The person signing this form hereby certifies that he/she is authority to sign for this application of utility service, and that owner hereby agrees to pay the applicable rates and abide and Public Utility Regulations and Rates for all present and he/she is the owner of record. The owner hereby certifies the	t he/she is at least by the terms and of future utility servic	t eighteen (18) years of age. The conditions as set out by City Ordinance e at this premises for as long as	
Read and initial each of the following:			
——— The minimum monthly charge is always one full mon	th"s service, witho	ut prorating.	
The minimum monthly charge will always be charged	I even if the proper	rty is vacant.	
The property owner is ultimately responsible for utility It is the property owner"s responsibility to notify the C changes to the structure that would affect billing for utility	City of Kenai''s Fina	ance Department of any	
All costs incurred by the City for the collection of unp paid by the owner.	aid amounts on th	is account shall be	
Acceptance of this application by the City of Kenai co	onstitutes a contra	ct between the City and the owner.	
I hereby declare that the information provided is true, accurabelief, and is voluntarily submitted for the purpose of receiving presentation this application becomes the property of the Cit	ng utility service.		
Applicant"s Signature	Date		
Service Representative	Date	10/19/201	