

CITY REPRESENTATIVE:

CITY OF UNALAKLEET

Utility Service Application and Agreement Commercial Customer

Date of Application:	/		Date S	Service Begins:	
Se	rvice Requested:	□Water	□Sewer	□Landfill	
Business Name:				Authorized Representative:	
Mailing Address:				City & Zip:	
Service Location Address or De	escription:				
Applicant Type: ☐Owner	□Tenant				
Landlord/Property Manager Name:				Phone Number:	
	PLEASE REA	AD AND SIG	N THIS AG	REEMENT	
authority to sign for this applica as prescribed by Municipal Ord Unalakleet constitutes a contra- of any unpaid accounts shall be I hereby declare that the inform voluntarily submitted for the pu property of the City. I certify that	dinance for all present between the City and paid by the applicant, mation provided is true irpose of receiving utili	nt and future d the applica e, accurate, lity service.	e utility ser ant. All costs and compl understan	vice. Acceptance of to incurred by the City of the to the best of my	this application by the City of of Unalakleet for the collection y knowledge and belief and is
AUTHORIZED REPRSENTATIVE	SIGNATURE:	PRINTE	ED NAME:		DATE:
	ſ	PAPERLESS	BILLING		
	I will no longer recei	ve paper bi	lls. This au	•	ty bill to the email address nain in effect until written
E-mail address:					
	,	AUTOPAY AV	/AILABLE		
If you would like to enr	oll in autopay, please	e fill out the	Autopay F	Form available at th	e office or at unk.gov.
		FOR CITY U	SE ONLY		
Type of Application: □New	□Update	Fe	es Paid:	□Water Connection	☐Sewer Connection

DATE: