CITY OF NOME WATER & SEWER
NEW CONNECTION

DATE_____ ACCNT #_____

CUSTOMER LAST NAME_____ FIRST NAME_____

BILLING ADDRESS_____

SERVICE ADDRESS_____

EMAIL ADDRESS_____

PHONE NUMBER_____
Please provide your cell phone # for city alert text messages

ALTERNATE PHONE NUMBER_____

SERVICES: _____WATER _____SEWER

RESPONSIBLE PARTY FOR PAYMENT OF BILL_____

SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____STATE:_____

SIGNATURE OF RESPONSIBLE PARTY_____

STARTING METER READING_____

DATE READ_____

DEPOSIT AMOUNT: $150.00

DISCONTINUE SERVICES:

DATE OF NOTICE: _____ DESIRED CUT-OFF DATE: _____

SIGNATURE OF RESPONSIBLE PARTY: _____

FORWARDING MAILING ADDRESS FOR FINAL BILL: _____

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