CITY OF NOME WATER AND SEWER

CUSTOMER APPLICATION

$150 DEPOSIT REQUIRED

DATE: _____

CUSTOMER NAME: _____

BILLING ADDRESS: _____

SERVICE ADDRESS: _____

EMAIL ADDRESS: _____

PHONE #: _____

Please provice your cell phone number for city alert text messages

ALTERNATE PHONE #: _____

PERSON RESPONSIBLE FOR PAYMENT OF BILL: _____

SOCIAL SECURITY #: _____

DRIVER'S LICENSE # AND STATE: _____

SIGNATURE OF RESPONSIBLE PARTY: _____

LANDLORD NAME: _____

LANDLORD MAILING ADDRESS: _____

LANDLORD PHONE #: _____

LANDLORD EMAIL ADDRESS: _____

OFFICE USE ONLY

STARTING METER READING: _____

DATE READ: _____ ACCOUNT #: _____