

ALPAT WATER UTILITY, LLC

(SHERWOOD ESTATES DIVISION)

Managed by: Northern Utility Services, LLC
P.O. Box 233368 Anchorage, Alaska 99523
Office (907) 222-4084 Fax (907) 346-1169

Rate Calculation	
Monthly Svc Chg. \$85.79 x Units	= _____
Billing Service Charge	+ \$12.98
Total Monthly Charge = _____	
Service Deposit = Total x 2	
Service Deposit _____	

Application For Residential Service

- New Account - Application to Establish an account
- Existing Account - Application to Update an account

Today's Date _____

Start Date _____

RESIDENTIAL ACCOUNT INFORMATION

Applicant's Full Legal Name _____ Hm. Phone: _____ Cell Phone: _____

Spouse's Name _____ Cell Phone: _____

E-Mail Address _____

Applicant's Drivers License # _____ State _____

Billing Address _____
Street Address or P.O. Box

Water Service Address:

City State Zip Code

Street Address Lot # Block#

LANDLORD ACCOUNT INFORMATION – If renting

Landlord's Name _____ Home Phone: _____ Work Phone: _____

E-Mail Address _____

Applicant's Drivers License # _____ State _____

Billing Address _____
Street Address or P.O. Box

Water Service Address:

City State Zip Code

Street Address Lot # Block#

Fees

Service Deposit : _____
(2x monthly rate)

1st Months Water Payment: _____
(Monthly Total /31 x Number of days left in the month)

Check # _____ Amount _____ Cash _____

AGREEMENT

I agree to comply with Alpat Water Utility's tariff and I understand that failure to comply can result in a suspension of water service. I agree to provide safe and unobstructed access to Alpat Water's employees or agents where access is required and to promptly pay all Alpat bills that are due. I agree I will not obstruct my keybox and will maintain it in working order as required in Alpat Water's utility tariff. I understand that all expenses incurred in the repair of my keybox are my responsibility and that a \$70 disconnect fee and a \$70 reconnect fee will be charged if service is suspended for any reason. I understand all unpaid tenant charges are the property owner's responsibility.

SIGNATURE

APPLICANT SIGNATURE/DATE

DATE _____

PRINTED NAME OF APPLICANT/ TITLE