

# OASIS WATER LLC

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

## 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: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Applicant's Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Billing Address \_\_\_\_\_ Water Service Address: \_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
City State Zip Code Street Address Lot# Block# Subdivision

Rate Calculation	
Monthly Svc Chg. \$85.20 x Units	__ = ____
Billing Service Charge	\$12.80
Monthly Total	_____
Service Deposit = Total x 2	
Service Deposit	_____

### LANDLORD ACCOUNT INFORMATION

Landlord's Name \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Applicant's Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Billing Address \_\_\_\_\_ Water Service Address: \_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
City State Zip Code Street Address Lot# Block# Subdivision

Rate Calculation	
Monthly Svc Chg. \$85.2 x Units	__ = ____
Billing Service Charge	\$12.80
Monthly Total	_____
Service Deposit = Total x 2	
Service Deposit	_____

### Fees

Service Deposit : \_\_\_\_\_  
(From Rate Calculation)

1<sup>st</sup> Months Water Payment \_\_\_\_\_  
(Monthly Total x 31/Number of days left in the month)

Check # \_\_\_\_\_ Amount \_\_\_\_\_ Cash \_\_\_\_\_

### AGREEMENT

I agree to comply with Oasis Water'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 Oasis Water's utility tariff. I understand that all expenses incurred in the repair of my keybox are my responsibility and that a \$110 disconnect fee and a \$110 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