



Property Owner Utility Service Contract Application

City of North Pole

125 Snowman Lane ♦ North Pole, Alaska 99705

Tel. 907.488.2281 ♦ Fax 907.488.3002

Official Use Only

Account Number:	
Official receiving:	<input type="checkbox"/> Water service deposit: \$
Date contract received:	<input type="checkbox"/> Sewer service deposit: \$
Date account billing begins:	Total deposit paid: \$

Customer Information

If there is a co-owner, the co-owner must complete the reverse side.

1. Utility service address		
Street address:		
2. Applicant name PLEASE PRINT		
_____	_____	_____
First name	Middle initial	Last name
3. Applicant mailing address		
Mailing address		
City:	State:	ZIP:
4. Applicant contact information		
Day time phone:	Evening phone:	
Cell phone:	Email:	
5. Identification (Alaska driver's license; Alaska ID; Passport, etc., attach photocopy)		
Type of identification:	Identification number:	
Date of birth:	Social Security #:	
6. Signature		
Application is hereby made by the undersigned as the property owner at the utility service address above for utility service. By signing this contract, the applicant is subject to all City of North Pole ordinances outlined in Title 13 Public Services of the North Pole Municipal Code. By my signature, I acknowledge I have read and understand this agreement and that this agreement shall extend to and bind the successors and assigns of the City and the applicant.		
_____	_____	
Signature	Date	

Please check how you would like to receive the \$500 Early Sign-up Bonus and initial in the space provided.

\$500 Early Sign-up Bonus	
Cash _____	Credit _____
Initials _____	

Co-Property Owner Information

1. Co-Applicant name PLEASE PRINT		
First name	Middle initial	Last name
2. Co-Applicant mailing address		
Mailing address:		
City:	State:	ZIP:
3. Co-Applicant contact information		
Day time phone:	Evening phone:	
Cell phone:	Email:	
4. Identification (Alaska driver's license; Alaska ID; Passport, etc., attach photocopy)		
Type of identification:	Identification number:	
Date of birth:	Social Security #:	
5. Signature		
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