

## City of Palmer • Department of Finance 231 W. Evergreen Avenue • Palmer, AK 99645

Phone: 907-745-3271 Fax: 907-745-0930

**Utility Connection Order** 

Account #:	Date to Connect:								
Applicant name:	Driver's license #:								
SSN/ EIN#	Birth date:								
Property address:									
Mailing address:	City:			State:	Zip:				
Email address:									
Phone #:		Cell phone:		Work phor	ne:				
Employer:			Employer	r phone:					
Co-applicant:	Driver's license #:								
Phone #:		Cell phone:	I phone: Work phone:						
Employer:			Employer	r phone:					
Nearest relative nam			Pho	one #:					
Address:									
	City:			State:	Zip:				
Do you ? √	Own	Rent	_ Other _						
Landlord/property m	nanager:								
Phone #(s):									

I understand that the information above is accurate. By signing this application, I agree to follow the rules and regulations of the City of Palmer. I realize that I am responsible for all charges relative to the water/sewer/garbage service *until I contact the City of Palmer in writing*, asking that I no longer be responsible for future usage on this account. Unpaid accounts will incur 10% late fees, and other fees necessary for City of Palmer to collect on past due amounts.

Signature:	_				Date:
Co-Applicant S	Signature:				Date:
SO #: Services:	W / S / G	Order taken by: Taxable	For Office Use	Start date: Regular/ Construct.	
Start read:		Tra	sh day:	96 gallon #/ Yard:	
Deposit amount	:	Dat	te paid:	Copy of ID: Y N	Co-App: Y N
COP Business Li	ic #	LLA	on file:	Employee Final Int:	