

16644 Briarcliff Ridge Cir, Anchorage, AK 99516* (907) 744-9577 * pcwc1@outlook.com

Office Use Only		Stamp here: Office Use Only
Acc#		
AP	PLICATION FOR WATER SERVICES	
	THE THE THE TENT OF THE TENT O	
Property's Closing date: Mov. (document signing date)	ing in date:	Today's date:
Applicant (s)Name (s):		
e-mail:		
Telephone:		
Physical Address:		
Billing Address:		
Own or Rent: (Please check one)		
If you are renting:		
Landlord Name or Property Management:		
Address:		
Phone number:Contact name:	email·	
Contact name.	cman	
Place of Employment:		
Spouse#1	Spouse#2	
Contact name:	Contact name:	
email:	email:	
Phone #	Phone#	
D/L #	D/L#	
Emergency Contact:		
Name:	Address:	
Phone#		
Email:	_	
	AGREEMENT	
I AGREE TO COMPLY WITH Potter Creek Water C provide SAFE AND EASY ACCESS TO THE WATER	ompany rules and tariff regulations as set by R METER AT ALL TIMES. I AGREE NOT	TTO OBSTRUCT THE WATER SHUT OFF KEY
BOX AND WILL MAINTAIN IT IN WORKING ORDER as required in Potter Creek's utility tariff. I understand that all expenses incurred in the repair of my water key box are my responsibility and a reconnect fee will be CHARGED IF SERVICE IS SUSPENDED FOR ANY REASON . I agree		
to <u>PROMPTLY PAY</u> all Potter Creek Water Compa		
POTTER CREEK WATER COMPANY immediately by mail or email at pcwc1@outlook.com. If I rent or lease my property, any water bills left		
unpaid by my tenant will become my responsibility to pay to ensure continued services to my property. I understand that failure to comply with any of		
the above will result in DISCONTINUATION of water services. It is mutually agreed that acceptance of this application constitutes a legal contract		
between the Applicant (s) and Potter Creek Water Company.		
Applicant Signature #1	Applican	t Signature #2