



Carson City Utility Billing
3505 Butti Way, Carson City, NV 89701
(775) 887-2355, ext. 2

NAME:

Water/Sewer/Storm Drain Service Application

RESIDENTIAL

Service Start Date: _____

Email: _____

Receive Utility Bill via e-mail: Yes No

Continue to receive paper invoices: Yes No

Applicant Name and Service Address:

(Must be legal owner of property)

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Cell Phone: _____

Square Footage of House: _____

Single Story: _____ Multi-Story: _____

Total Impervious Area: _____

(Multi-Family Residential Only)

Applicant Mailing Address:

Address: _____

City: _____ State: _____ Zip Code: _____

Spouse/Co-Applicant Name and Address:

Spouse/Co-Applicant Name: _____

Address: _____

(if different)

City: _____ State: _____ Zip Code: _____

Telephone: _____

Cell Phone: _____

E-Mail Address: _____

Applicant's Employer:

Employer Name: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Emergency Contact NOT Living With You:

Contact Name: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Relationship: _____

(Relative, neighbor, friend, etc.)

PLEASE FILL IN ALL BLANKS
If not applicable, note: N/A

I hereby apply to Carson City Utility Billing for Water and Sewer service in accordance with Form A-2

Terms and Conditions.

Applicant's Signature: _____ **Date:** _____

**RETURN TO: CARSON CITY PUBLIC WORKS or FAX TO (775) 887-2164 or
E-MAIL TO:**

FOR INTERNAL USE ONLY

Start Date: _____

Location # _____

Customer# _____