



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: _____

Spouse/Co-Applicant Name and Address:

Spouse/Co-Applicant Name: _____

Address: _____

(if different)

City: _____ State: _____ Zip Code: _____

Telephone: _____

Cell Phone: _____

E-Mail Address: _____

Applicant Mailing Address:

Address: _____

City: _____ State: _____ Zip Code: _____

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: Utilitybilling@carson.org

FOR INTERNAL USE ONLY

Start Date: _____

Location # _____

Customer# _____