

Mile 8 Utilities, LLC  
P.O. Box 877188  
Wasilla, AK 99687  
Phone: 745-1976 Fax: 745-5699

**Utility Service Application**

Date: \_\_\_\_\_ Type of service: Water \_\_\_\_\_ Wastewater \_\_\_\_\_

Tenant: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Tenant Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Tenant(s) Social Security #: His \_\_\_\_\_ Hers \_\_\_\_\_

Homeowner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Party responsible for water/sewer utility charges:

Tenant \_\_\_\_\_ Homeowner: \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Closing/Lease Date: \_\_\_\_\_

I agree to pay all applicable utility charges within 20 days of the billing date. Any legal expenses incurred as a result of collections efforts associated with my account will be my responsibility.

Signed: \_\_\_\_\_  
Homeowner/Tenant

\*\*\*\*\*

**TRANSFERS ONLY**

Name of Previous Homeowner \_\_\_\_\_

\*\*\*\*\*