



SLIP # _____

SEWARD BOAT HARBOR TRANSIENT UTILITIES APPLICATION

PHONE 907-224-3138 FAX: 907-224-7187

Applicant Information

PLEASE PRINT

NAME OF

OWNER :

Last

First

M.I.

Date: _____

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

PHONE HOME _____

WORK _____

CELL _____

BOAT NAME _____

SLIP # _____

E-MAIL: (PLEASE PRINT) _____

NAME OF APPLICANT (IF OTHER THAN OWNER) _____

(PLEASE INITIAL)

_____ I understand all utility bills will be mailed/e-mailed to the name and address on the account that utilities are provided.

_____ I understand that I must notify the Seward Harbormasters office in writing or in person when I wish to discontinue utility service. Failure to do so on my part does not relieve me of responsibility for service costs for utilities at the above location after I leave.

_____ By signing below I certify that the above information is accurate.

_____ I further certify that I have no outstanding debits of any kind with the City of Seward. If it is discovered that I do have outstanding debits with the City of Seward, I understand and agree that our utilities may be subject to termination and I agree to pay all debts and fees owed to the City of Seward prior to service being reconnected.

APPLICANT SIGNATURE _____

DATE _____

****OFFICE USE ONLY****

DEPOSIT REQUIRED: \$ _____

DEPOSIT PAID \$ _____

DEPOSIT# _____