

2417 Tongass Ave., Ste. 119D  
Ketchikan, AK 99901

# Ketchikan Public Utilities

Phone: 907-228-5474  
Fax: 907-247-1888

## Authorized Person - Residential

As the Legally-Responsible and/or Co-Responsible person on the listed residential account(s) below, I give my permission to have the listed Authorized person added to my account(s). I understand that limited account information and abilities will be available to this person. They will only be able to obtain billing copies, obtain account balance(s) information and or make payments on my accounts. They will not have the ability to make payment extensions on my behalf or make any changes i.e.: closing, transferring or establishing new service on my behalf. This can only be done by myself, the Legal-Responsible and or Co-Responsible person(s) on my account(s).

Date: \_\_\_\_\_

Legal-Responsible / Co-Responsible: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's Lic / ID Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home PH: \_\_\_\_\_ Cell PH: \_\_\_\_\_ Work PH: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Electric Account Number(S) \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

\*\*\*\*\*  
**\*\*COPY OF PICTURE I.D. REQUIRED FOR PERSON LISTED BELOW\*\***

Authorized Person Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's Lic / ID Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home PH: \_\_\_\_\_ Cell PH: \_\_\_\_\_ Work PH: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_