

**KETCHIKAN PUBLIC UTILITIES-RESIDENTIAL APPLICATION**

**2417 Tongass Ave #119D  
Ketchikan AK 99901-5967**

<b>Applicant</b>		Phone (907) 228-5474	
Name: Last <span style="float:right">First: <span style="float:right">MI:</span></span>		Toll Free (888)478-5474	
Mailing Address:		Fax (907) 247-1888	
Requested Services: <input type="checkbox"/> Electric <input type="checkbox"/> Phone <input type="checkbox"/> Internet <input type="checkbox"/> TV <input type="checkbox"/> Lifeline Qualified		<small>Shaded area to be completed by Service Representative</small>	
Location of Service:		Phone#	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LANDLORD: <input type="checkbox"/> CONSENT YES NO		Service Order #	
By signing below I am certifying that this is my accurate service address. If this address is found to be incorrect, I agree to pay for all electric fees and charges incurred at the incorrect address due to my error. The minimum fee charged would be an \$87.30 cut in fee. <b>Signature:</b>		Svc Acc#	
		Internet Service Order #	
		Svc Acc#	
		TV Service Order #	
Directory Listing Name:		TV Svc Acc #	
Non-Published Number-\$1.40per mo <input type="checkbox"/> Non-Published Address <input type="checkbox"/>		Electric Account #	
Published address <input type="checkbox"/> How?		<b>Deposit Info</b>	
Social Security # <span style="float:right">Date of Birth:</span>		Phone Deposit \$	
Driver's Lic #/State <span style="float:right">EMAIL:</span>		Internet Deposit \$	
Employer:		TV Deposit \$	
Work # <span style="float:right">Contact #</span>		Electric Deposit \$	
<b>Co-Applciant</b>		Credit Score:	
Name:Last <span style="float:right">First: <span style="float:right">MI:</span></span>		<b>Long Distance</b>	
Social Security # <span style="float:right">Date of Birth:</span>		<input type="checkbox"/> AT&T <input type="checkbox"/> KPU Long Dist	
Driver's Lic #/State <span style="float:right">EMAIL:</span>		<input type="checkbox"/> ACS <input type="checkbox"/> KPU Unlimited	
Employer:		<input type="checkbox"/> GCI	
Work # <span style="float:right">Contact #</span>		<b>Long Distance Blocks</b>	
The undersigned certifies that he/she is the owner-lessee-tenant of the premise where service is applied for with lawful authority to sign this application for utility service & agrees to pay the applicable rates & abide by the terms & conditions as prescribed by the Municipal Ordinance & Utility Tariff for all present & future utility service. Acceptance of the application by the Municipality of Ketchikan constitutes a contract between the Municipality & applicant. The applicant shall pay all costs incurred by the Municipality for the collection of any unpaid account. The information furnished on the application, including social security numbers, is voluntary and will be used to determine if a deposit will be required. Your signature in the designated space authorizes the Municipality to conduct a credit check if such action is necessary in order to determine the possible deposit requirements. Failure to provide information will automatically require a deposit. In the event more than one party is applying for the service, KPU may, in its sole discretion, make any deposit solely and fully payable to the applicant with the co-applicant waiving any claim against KPU for paying the full deposit to the applicant. I hereby declare that the information provided is true, accurate & complete to the best of my knowledge & belief & is voluntarily submitted for the purpose of receiving telephone, internet, IPTV &/or utility service. It is understood that upon presentation of the application it becomes the property of the Municipality. I also certify that I am eighteen (18) years of age or older. All Residential & Business Telecommunication, DSL & IPTV Rates are based on twelve months continuous service with a minimum term of three (3) months.		<input type="checkbox"/> Toll Block <input type="checkbox"/> 3rd Party Block	
		<input type="checkbox"/> 900 Block <input type="checkbox"/> Collect Block	
		<input type="checkbox"/> BCF# <input type="checkbox"/> D-BAC	
		<b>Caller ID to Display</b>	
"-----"			
<b>Applicant's Signature:</b>		Date:	
<b>Co-Applciant's Signature:</b>		Date:	
		Date:	

# KETCHIKAN PUBLIC UTILITIES

2417 Tongass Ave #119D, Ketchikan, AK 99901 Phone (907)228-5474 Toll Free (888)478-5474 Fax (907)247-1888

***THIS IS A LEGALLY BINDING DOCUMENT. ANY ALTERATION WILL RENDER IT VOID.***

## **RELEASE**

I/We relinquish all rights, privileges, & deposits (*electric deposit only*) to the listed account(s) presently billed to:

(Billing Name)

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Telephone(s) #

Electric Account(s)

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I/We hereby agrees to indemnify and hold harmless Ketchikan Public Utilities, its officers, employees, agents and contractors from any loss, damage or liability that might arise from this relinquishment. **I/WE AGREE TO PAY BALANCES IN FULL ON THE ABOVE LISTED ACCOUNT(S) FOR GOODS OR SERVICES ORDERED OR PROVIDED ON OR BEFORE THE DATE OF THIS RELEASE.** I hereby certify that I am authorized to sign this form on behalf of account (s) listed above.

Printed Name

Date:

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Signature:

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## **ASSUMPTION**

In consideration of Ketchikan Public Utilities assigning the above referenced number(s) to:

(Billing Name)

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Telephone(s) #

Electric Account(s)

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I/We agree to assume account(s) as is, with no changes, until after Release & Assumption goes into effect. I/We understand additional deposits may be required for each account. I/We agree to pay ALL FUTURE CHARGES ON THE ABOVE LISTED ACCOUNT(S). I/WE UNDERSTAND THAT SUCH CHARGES MAY INCLUDE DIRECTORY ADVERTISING, LONG DISTANCE CHARGES, SERVICE & EQUIPMENT CHARGES, & CONTRACT PAYMENTS. I/We agree to indemnify & hold harmless Ketchikan Public Utilities, its officers, employees, agents & contractors free & harmless from any loss, damage, or liability that might arise or result from this assumption. I hereby certify that I have the authority to sign this assumption of payment responsibility on behalf of account (s) listed above:

Printed Name

Date:

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Signature:

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