



Carson City Utility Billing  
3505 Butti Way, Carson City, NV 89701  
(775) 887-2355, ext. 2

**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: \_\_\_\_\_

Square Footage of House: \_\_\_\_\_

Single Story: \_\_\_\_\_ Multi-Story: \_\_\_\_\_

**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@carsoncity.gov](mailto:UtilityBilling@carsoncity.gov)**

**FOR INTERNAL USE ONLY**

**Start Date:** \_\_\_\_\_

**Location #** \_\_\_\_\_

**Customer#** \_\_\_\_\_