



Carson City Utility Billing

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

Water/Sewer/Storm Drain Service Application

*****BUSINESS*****

Service Start Date: _____

Email: _____

Business Name and Service Address:

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Cell Phone: _____

Receive Utility Bill via e-mail: Yes No

Continue to receive paper invoices:

Yes No

Corporation
LLC
Partnership
Sole Proprietor

Account Mailing Address:

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person for Accounts Payable:

Name: _____

Telephone: _____

Business Officer/Owner:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell: _____

Business Secondary Contact:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell: _____

I hereby apply to Carson City Utility Billing for Water and Sewer service in accordance with Form A-2 Terms and Conditions. (To review Form A-2, see next page.)

Business Officer/Owner Signature: _____ Title: _____

Date: _____

**RETURN TO: CARSON CITY PUBLIC WORKS or FAX TO (775)
887-2164 or E-MAIL TO: UtilityBilling@carsoncity.gov**

FOR INTERNAL USE ONLY
Start Date: _____ **Location #** _____ **Customer#** _____

NAME: _____