



Carson City Utility Billing

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

NAME: _____

Water/Sewer/Storm Drain Service Application

BUSINESS

Service Start Date: _____

Email: _____

Business Name and Service Address:

Receive Utility Bill via e-mail: Yes No

Business Name: _____

Continue to receive paper invoices:

Address: _____

Yes No

City: _____ State: _____ Zip Code: _____

Telephone: _____

Cell Phone: _____

- Corporation
- LLC
- Partnership
- Sole Proprietor

Account Mailing Address:

Address: _____

Contact Person for Accounts Payable:

City: _____ State: _____ Zip Code: _____

Name: _____

Telephone: _____

Business Officer/Owner:

Name: _____

Business Secondary Contact:

Address: _____

Name: _____

City: _____ State: _____ Zip Code: _____

Address: _____

Telephone: _____ Cell: _____

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@carson.org

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