



# Carson City Utility Billing

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

## Water/Sewer/Storm Drain Service Application

**\*\*\*BUSINESS\*\*\***

NAME: \_\_\_\_\_

Service Start Date: \_\_\_\_\_

Email: \_\_\_\_\_

**Business Name and Service Address:**

**Receive Utility Bill via e-mail:** Yes No

**Continue to receive paper invoices:**

Yes No

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Corporation
LLC
Partnership
Sole Proprietor

**Account Mailing Address:**

**Contact Person for Accounts Payable:**

Address: \_\_\_\_\_

Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Business Officer/Owner:**

**Business Secondary Contact:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

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:**

**FOR INTERNAL USE ONLY**  
Start Date: \_\_\_\_\_ Location # \_\_\_\_\_ Customer# \_\_\_\_\_