

**CITY OF CORDOVA
WATER/SEWER/REFUSE
BUSINESS APPLICATION
PO BOX 1730, CORDOVA, ALASKA 99574
(Phone) 907-424-6212 (Fax) 907-424-6000**

Date _____

Name of Business _____

Mailing Address _____

E-Mail _____

Phone # _____ Cell # _____

Name of Contact _____

Phone # _____

Location of Service _____

Fed ID # _____

Utility Services to be used for : *(Check One)*

Residential Commercial Industrial Other _____

I hereby apply for service as checked above at the address shown and agree to abide by the rules and regulations governing such service.

Applicant _____

Date _____