

Authorized Agent Form

Property Street Add	fess:
Please check the box that applies to the status of the property:	
Owner Occupied	d
Please check prop	erty classification:
Single Family Ro	esidence Duplex Multi-Family Commercial Other
of the said propert	requires any person managing property, which is not a direct employee of the owner y, to be licensed and bonded for the purpose of establishing responsibility and half of the owner(s), and on behalf of any other entity involved.
Authorized Agent: _	
Mailing Address: _	Phone Number:
	Fax Number:
Signature:	Date:
Print Name As Signo	ed Above:
contact involving th agent. It is also my fully aware that I will	t the utility billing statements be rendered to my authorized agent listed above. Any e sewer and water services to this property should be directed to my authorized agent's responsibility to notify CUC/GHU of any billing changes. I am pay for all delinquent charges if the renter or the authorized agent does not pay.
Mailing Address:	Phone Number:
	Fax Number:
Signature:	Date:
Printed Name As Signature	gned Above:
	(Office Use Only)
Account No.:	
Employee's Initials:	Date:
Please return to:	Utility Services of Alaska, Inc. Phone: (907) 479-3118 P.O. Box 80370 Fax: (907) 474-0619

Fairbanks, AK 99708-0370

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