



# Copper Basin Sanitation, LLC

Garbage, Sewage, Landfill, Steaming

- |                          |              |
|--------------------------|--------------|
| <b>Office Use Only</b>   |              |
| <input type="checkbox"/> | Signature    |
| <input type="checkbox"/> | Service Call |
| <input type="checkbox"/> | Data Entry   |

PO Box 88, Tazlina Terrace, Glennallen AK, 99588-0088  
Fax: (907) 822-4224 email: [cbssc@cvinternet.net](mailto:cbssc@cvinternet.net) Phone: (907) 822-3600

updated: 11/18/2015

## Residential Applicant Information

Applicant is  Owner  Tenant

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Property owner (if renting) \_\_\_\_\_

Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

email: \_\_\_\_\_

Have you had service with us before?  Yes  No

## Co-Applicant Information

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Service Information

REQUEST GARBAGE COLLECTION  SEPTIC & OTHER SERVICES  BOTH

Please note:

**Access must be a ten-foot wide driving surface. Failure to provide access may result in suspended service. Attach drawing of service location, and system if applicable.**

Applicant(s) has read **both** sides of this application, agrees to the terms, and conditions thereof.

## Service Location

Physical Location & Placement Directions: (highways, mile posts, mailbox #, house color/type, and identifying yard items, length of drive, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Map/Drawing: (attach separate page if necessary)

## Service Agreement

I hereby declare that the information provided is true to the best of my knowledge. It is voluntarily submitted for receiving garbage collection, sewage pumping and other related services from Copper Basin Sanitation LLC (CBS). I authorize the release of my credit information to CBS.

I understand all bills for service are due when issued. Bills become delinquent 15 days after issuance. Service may be discontinued to each unpaid account with CBSSC. If service is discontinued, a minimum restart charge of \$30.00 plus all unpaid balances and a deposit equal to two months service will be required prior to restoration of service.

All new customers who have not established good credit with CBS through previous service will be required to submit a letter of credit from another utility or pay a service deposit equal to two months estimated service to begin the service. If an unsatisfactory payment record is being established at CBS, I agree to pay an additional deposit deemed appropriate by CBS to continue service. I further understand that CBS will hold any deposit connected with my account 30 days after termination of service or upon establishment of good credit rating by timely payment of all billing statements for one full year.

I, hereby, certify that I am eighteen (18) years of age or older, agree to abide by the garbage service regulations and this agreement. I have read the above information and understand that this Application for Service becomes the property of CBS and is not to be used for any other purpose then in connection with my account.

Signature: \_\_\_\_\_

*Applicant*

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

*Co-Applicant*

Dated: \_\_\_\_\_