

Municipality of Anchorage SOLID WASTE SERVICES		
Print all information APPLICATION FOR BUSINESS SERVICES		
Billing Name		
Mailing Address		
Business Telephone Number		
Location of Service (Street No. Street Name. Apt./Space No.)		
Home Office (if applicable)		
Type of Business	Date Established	
Check one <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> UNINCORPORATED ASSOC <input type="checkbox"/> CORPORATION		
LIST OWNERS/PARTNERS/OFFICERS:		
NAME	RESIDENCE ADDRESS	POSITION
CREDIT REFERENCES OF BUSINESS:		
NAME	ADDRESS	TELEPHONE
PREVIOUS OR OTHER UTILITY SERVICE FOR BUSINESS:		
Company Name	Telephone Number or Type Service	
Address of Service	Dates of Service: From: To:	
PERSON(S) WE MAY DISCUSS YOUR ACCOUNT WITH, IF WE ARE UNABLE TO CONTACT YOU. Please list full name and position or relationship. If you do DO NOT wish us to contact anyone but yourself, print NONE.		
BADGE PERMIT: YES <input type="checkbox"/> NO <input type="checkbox"/>		
AMOUNT OF CREDIT YOU ARE REQUESTING		

Please complete this portion for the individual responsible for payment of the account:		
Name		
Residence Address		How long?
Message Telephone Number	Email Address	Alaska Drivers License Number
Type of Residence. Please check appropriate box or boxes. <input type="checkbox"/> HOUSE <input type="checkbox"/> CONDOMINIUM <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> APARTMENT		<input type="checkbox"/> OWN <input type="checkbox"/> RENT
Landlord/Manager Name		Telephone No. or Address
PREVIOUS ADDRESS IF LESS THAN 2 YEARS AT PRESENT ADDRESS:		
Street Number, Street, City, State, Zip		How long?
CREDIT REFERENCES FOR INDIVIDUAL:		
NAME	CARD NUMBER	
PERSONAL REFERENCE		
Name		Relationship
Address		Telephone
PREVIOUS OR OTHER UTILITY SERVICE OF INDIVIDUAL		
Company Name		Telephone No. or Type Service
Address of Service		Date of Service: From: To:
The undersigned certifies that he/she is the owner-lessee-tenant of the premises where service is applied for with lawful authority to sign this application for utility service and agrees to pay the applicable rates and abide by the terms and conditions as prescribed by Solid Waste Services ordinances for all present and future utility service. Acceptance of this application by Solid Waste Services constitutes a contract between Solid Waste Services and the applicant. All cost incurred by Solid Waste Services for the collection of any unpaid accounts shall be paid by the applicant. The information furnished on this application will be used to determine if a deposit will be required for service. Your signature in the designated space authorizes Solid Waste Services to conduct a credit check if such action is necessary in order to determine possible deposit requirements. I hereby declare that the information provided is true, accurate, and complete to the best of my knowledge and belief, and is voluntarily submitted for the purpose of receiving Solid Waste Services utility service. It is understood that upon presentation this application becomes the property of the Solid Waste Services. I also certify that I am eighteen (18) years of age or older.		
Signature		Date Signed:

Municipality of Anchorage

Solid Waste Services

1111 E 56th Avenue, 99518

P.O. Box 196637 Anchorage, Alaska 99519-6637

Telephone: (907) 343-6250, Fax: (907) 343-6290

Customer Service Hours: Monday thru Friday – 8:00 a.m. to 4:00 p.m.

swcs@anchorageak.gov



PERMIT INFORMATION

Enclosed is your application for a permit which will allow you to charge the disposal of solid waste at Municipal disposal sites.

Solid Waste Services utilizes a computerized weighing system at all disposal sites, except at the Girdwood Transfer Site. The system requires that an identification badge be passed through a bar code reader on the inbound scale. The card reader identifies the customer name and account number that will appear on the billing.

To charge a solid waste disposal transaction at any of the disposal sites, you must present a valid card. Badge cards are charge cards and should be protected against unauthorized use. You will be held responsible for all charges made to your account, unless you notify Solid Waste Services of a cancellation or lost card. All loads are weighed and charged accordingly at the Central Transfer Station and at the Anchorage Regional Landfill.

When your application is approved, you will be issued one free card. There is an additional \$6.00 fee for each additional card. If you wish to pay for the cards at this time, please enclose a check made out to Solid Waste Services. If you prefer, you may charge the amount and it will appear on your first billing. Please specify how many badge cards you will require, and list your present SWS account number. If you do not have service with Solid Waste Services, an account number will be established.

Please fill out all information on the application form, including the signature of the owner, agent or president of your company. If you have any further questions concerning the use of or billing of badge cards, please call Customer Services at 343-6250.

Mail this form to: Solid Waste Services Customer
Services
1111 E 56th Ave
Anchorage, AK 99518-1754

Or bring the completed form to our office at, 1111 E 56th Avenue. After a credit check is completed, normally about one week after receipt of an application, you will be notified of approval or denial. **SWS REQUIRES ORIGINAL SIGNATURES ON FILE FOR EACH ACCOUNT. PLEASE RETURN ALL SIGNED DOCUMENTS TO THE ADDRESS ABOVE. THANK YOU.**

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BADGE CARD ORDER FORM

Please issue _____ badge card(s) in the name of: _____

Please use Corporate name. If not a corporation, use both the company name and the name of owners.

MAIL ADDRESS: _____ ZIP CODE _____

ATTENTION TO: _____

CURRENT TELEPHONE NUMBER _____ MESSAGE NUMBER _____

I understand that the first badge card will be issued free of charge. For each additional or subsequent card, I agree to pay an additional fee of \$6.00. This charge will appear on my Solid Waste Utility bill, if I do not wish to pay for the badge at this time.

I also understand that the card(s) should be protected from unauthorized users and I will be held responsible for any charges occurring on my account, unless I have notified Solid Waste Services to cancel the cards.

ALL CHARGES MUST BE PAID CURRENT MONTHLY TO AVOID CANCELLATION OF BADGES. CHARGES CANNOT BE MADE AT ANY DISPOSAL SITE UNLESS A VALID BADGE CARD IS PRESENTED TO THE ATTENDANT.

_____ DATE

PRINTED NAME

AUTHORIZED SIGNATURE OF AGENT/PRESIDENT/OWNER(S)

LIST POSITION HELD WITHIN THE COMPANY

If paying for the badge card(s) now, please make check payable to: Solid Waste Services

SWS REQUIRES ORIGINAL SIGNATURES ON FILE FOR EACH ACCOUNT. PLEASE RETURN ALL SIGNED DOCUMENTS TO THE ADDRESS ABOVE. THANK YOU.