



Seattle City Light
Electric Services

Seattle Public Utilities
Water, Sewer, Drainage and Solid Waste

Agent Registration Form

Date _____

Company Information

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Office phone number _____ Office fax number _____

Office email address: _____
(This e-mail address will become your User ID)

Contact information

Primary Contact Name _____

Phone number _____ Fax number _____

Email address: _____

Secondary Contact Name _____

Phone number _____ Fax number _____

Email address: _____

Approximately how many agents will use this system? _____

Please fax completed form to (206) 684-3511 and allow 3-5 business days to process this request. A confirmation will be sent to the office email address you provided with a temporary password. Remember to only share your user id and password with agents within your company location.