

## **UTAP ARE YOU ENROLLING?**

Please provide the following for us and for our files:

- Copy of Lease Agreement or Urkunde/Notar if you own the home (Not Original)
- Copy of Orders or Letter of Logistical Support with Sofa Card
- Copy of Red Passport and Sofa Stamp (for all GS)
- A fully completed enrollment packet (attached)
- Copy of Power of Attorney (POA) if you are not the sponsor
- \$99 enrollment fee (credit/debit card only, VISA, Mastercard, or American Express)

If you have any questions, please contact the Ramstein UTAP Office at 06371-47-5309, DSN 480-5309, or [86fss.utap@us.af.mil](mailto:86fss.utap@us.af.mil).

**Ramstein UTAP Office, Building 2140**  
**Mon-Fri 08:00 - 16:00** **No enrollments after 15:15**

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UTAP Enrollment Date: \_\_\_\_\_

**UTAP APPLICATION**

**Part I**

Sponsor Name (Last, First, MI): \_\_\_\_\_

DOD ID#: \_\_\_\_\_ Pay grade / Rank: \_\_\_\_\_

Unit: \_\_\_\_\_ Office Symbol / Place of Employment: \_\_\_\_\_

Supervisor or Contractor's Name / Phone \_\_\_\_\_

Mailing Address: (PSC or CMR) \_\_\_\_\_

Local Economy Address: \_\_\_\_\_

Permanent Stateside Address: \_\_\_\_\_

Duty Phone: \_\_\_\_\_ Home / Cell Phone: \_\_\_\_\_

SOFA (Status of Forces Agreement) / First Day in Germany (DD/MM/YYYY) \_\_\_\_\_

DEROS: (DD/MM/YY) \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Work Email Address: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

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**Completed by UTAP office**

**Company Name:**

**Utility:**

**Account Numbers:**

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**NOTE:** Tax relief on utilities is subject to periodic inspection by U.S. Forces, German Tax, and customs officials

**DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 USC 5522):**

- a. **AUTHORITY:** 10 USC Section 3012 and the Supplementary Agreement to the NATO SOFA, Article 67, paragraph 3a (a)(i); and Army in Europe Regulation 215-6/USAFE Regulation 34-102, Individual Tax Relief Program.
- b. **PRINCIPAL PURPOSES:** For 86 FSS Fund Managers to use for obtaining tax relief and to verify eligibility of applicant for Value Added Tax relief.
- c. **ROUTINE USES:** To provide information needed to process documents for tax relief purchases and for tax relief on utility bills and to verify the requester is authorized tax relief.
- d. **MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT OF NOT PROVIDING INFORMATION:** Disclosure of information is mandatory. Tax relief cannot be obtained without the requested information.

## Part II

### **Request for the 86<sup>th</sup> Force Support Squadron (FSS) Value Added Tax (VAT) office to enroll me in the Utility Tax Avoidance Program (UTAP). Please initial after each section.**

- a. I understand that I am responsible to provide the servicing utility companies with the UTAP certificate to insure that I will be billed tax free and utility security deposits are waived. \_\_\_\_\_
- b. I understand that I am responsible for my utility bills and agree to make timely payments to the utility companies in accordance with their invoicing policies. \_\_\_\_\_
- c. I understand it is mandatory to grant companies permission to access my bank account to deduct payments and failure to do so at any time will terminate my UTAP enrollment. \_\_\_\_\_
- d. I certify that I am not currently indebted to any company or other agency providing the service for which I seek tax relief. Tax-free delivery of services is for my and my dependents use only and that such delivery of tax-free utilities will not benefit any other individual or business. \_\_\_\_\_
- e. I understand the receipt of four or more late notices from my respective utility company(s) will prompt my immediate removal from the program. \_\_\_\_\_
- f. I understand that I will be held liable for payment of penalty charges or administrative costs to the utility company, incurred because of late payments. I voluntarily consent to pay the amount due and \$30 administration fee to the VAT office as a result of delinquent payments to the utility companies. \_\_\_\_\_
- g. I agree to furnish the VAT office with my utility customer account number(s) within 40 days. I realize failure to do so may cause a my utility bill(s) to be processed with tax. \_\_\_\_\_
- h. I understand the address stated on the application is the **ONLY** address I will receive tax relief. If I move, I must provide the VAT office with all final bills and receipts of payment for my old residence utilities, a new rental agreement, new utility account numbers, and \$99 fee. \_\_\_\_\_
- i. **If I extend my DEROS, move on base or PCS, I must notify the UTAP office of my extension and/or terminate in person with copies of all final bills and receipts of payment for my utilities.** \_\_\_\_\_
- j. The UTAP receipt is the only original and I should keep it for the duration of my stay at the residence for which it pertains. \_\_\_\_\_
- k. I agree to pay, per residence, the \$99 enrollment fee to VAT office to defray UTAP administrative costs. \_\_\_\_\_
- l. **I understand that the UTAP office is not an agent for settling and/or resolving disputes between me and the utility companies.** \_\_\_\_\_
- m. I acknowledge that if I am due a refund on my utilities, it is my responsibility to make arrangements with the utility companies. \_\_\_\_\_
- n. Failure to remain compliant in any capacity could result in my UTAP and VAT accounts being temporarily suspended. \_\_\_\_\_

**DELINQUENT ACCOUNTS:** As a member of the UTAP program, you are responsible for all utility bills and estimates incurred in your name. Under the terms of the contract, if your account(s) become delinquent at any time, the utility company can request payment from the VAT office. The VAT office is required to pay the bill on your behalf and remove you from the program immediately. Upon payment of a delinquent bill on the customer's behalf, a letter will be sent to the customer requesting reimbursement for the bill and an administration fee of \$30. Being removed from UTAP will place you in a taxable status with all of your registered utility companies. The utility company may charge you a security deposit. A notice may also be sent to your 1<sup>st</sup> Sgt. and Commander for failure to meet financial obligations. If you are Active Duty Military, DD Form 139 Pay Adjustment Authorization will automatically be submitted to have the amount owed taken directly from your military pay. If you are a NAF employee, Government contractor or Civilian, your account will be sent directly to the Treasury Offset Program (TOPS) for collection. This program is a federal collections company that can withhold any monies from your federal pay (i.e. retirement, federal income taxes, etc.).

**REINSTATEMENT:** You can apply to be reinstated one year from the removal date. You need to meet the following: delinquent bill(s) have been settled, provided proof of good standing through automatic deductions with all companies for the past 12 months, and the UTAP enrollment fee is paid again.

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Date

**Part III**

**BANK INFORMATION TO ESTABLISH AUTOMATIC BILL PAYMENT**

Sponsor Name \_\_\_\_\_ DOD ID # \_\_\_\_\_  
(Last, First, MI)

Pay Grade/Rank \_\_\_\_\_ Unit \_\_\_\_\_ Office Symbol / Place of Employment \_\_\_\_\_

Local Economy  
Address \_\_\_\_\_

Duty Phone \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

**SEPA-Lastschriftmandat (SEPA Withdrawal Mandate)**

Ich ermächtige den oben genannten Versorger, Zahlungen von meinem Konto mittels Lastschrift einzuziehen. Zugleich weise ich mein Kreditinstitut an, die von dem oben genannten Versorger auf mein Konto gezogenen Lastschriften einzulösen.

I hereby authorize the below utility supplier to withdraw payments from my bank account. At the same time, I am instructing my bank to honor the payment requests from the below named utility supplier.

Bank Name (Your banking information) \_\_\_\_\_ BIC \_\_\_\_\_

IBAN DE \_\_\_\_\_

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\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Date

## Utility Companies

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### **PFALZWERKE AG/ PFALZGAS**

POC: 0621-57057-2535  
[customerservice@pfalzwerke.de](mailto:customerservice@pfalzwerke.de)  
MON-FRI 0800 - 1600

### **STADTWERKE KAISERSLAUTERN (SWK)**

#### **FORMERLY KNOWN AS: DIE GASANSTALT, ABITA & TWK**

POC: 0631-800-11200/99  
[customerservice@swk-kl.de](mailto:customerservice@swk-kl.de)  
BISMARCKSTRASSE 14  
67655 KAISERSLAUTERN  
FAX: 0631-800-11280  
MON-FRI 0800-1700

### **EVU-WEILERBACH/WASSERWERKE**

#### **WEIHERGRUPPE**

POC: 06374-922-185  
[kundenservice@vg-weilerbach.de](mailto:kundenservice@vg-weilerbach.de)  
RUMMELSTRASSE 15  
67685 WEILERBACH  
FAX: 0637-492-2149  
MON 0800-1200 & 1330-1800  
TUES & THUR 0800-1200 & 1330-1600  
WED & FRI 0800-1200

### **VG-ENKENBACH-ALSENORN**

POC: 06305-71-163 OR 06305-71-156  
[miriam.schaefer@enkenbach-alsenborn.de](mailto:miriam.schaefer@enkenbach-alsenborn.de)  
[nadine.riegelmann@enkenbach-alsenborn.de](mailto:nadine.riegelmann@enkenbach-alsenborn.de)  
HAUPTSTRASSE 121  
67691 HOCHSPEYER  
FAX: 06305-71-192  
MON, TUES, THURS 0830-1230 & 1400-1800  
WED, FRI 0830-1230

### **STADTWERKE HOMBURG GMBH/EEW**

POC: 06841-694-230  
[kundenservice@stadtwerke-homburg.de](mailto:kundenservice@stadtwerke-homburg.de)  
LESSINGSTRASSE 3  
66424 HOMBURG/SAAR  
FAX: 06841-694-500  
MON-THURS 0800-1530  
FRI 0800-1200

### **ENERGIE SAARLORLUX**

POC: 0681-587-4755  
<http://www.energie-saarlorlux.com/>  
BISMARCKSTRASSE 143  
66121 SAARBRÜCKEN  
MON-TUES 0800-1500  
WED-THUR 0900-1600  
FRI 0900-1200

### **STADTWERKE KUSEL**

POC: 06381-42-070  
[kundenservice.sw@kusel.de](mailto:kundenservice.sw@kusel.de)  
TRIERERSTRASSE 19  
66869 KUSEL  
FAX: 06381-420748  
MON-THURS 0830-1200 & 1400-1630  
FRI 0830-1200

### **VG- KUSEL-ALTENGLAN**

POC: 06381-60-800  
[info@vgka.de](mailto:info@vgka.de)  
MARKTPLATZ 1  
66869 KUSEL  
FAX: 06381-42-0949  
MON-WED 0830-1200 & 1400-1600  
THURS 0830-1200 & 1400-1800  
FRI 0830-1200

### **VG- KUSEL-ALTENGLAN**

POC: 06381-6080-519 or 06381-6080-520  
[info@vgka.de](mailto:info@vgka.de)  
[steffen.decker@vgka.de](mailto:steffen.decker@vgka.de)  
[janine.koehler@vgka.de](mailto:janine.koehler@vgka.de)  
SCHULSTRASS 3-7  
66885 ALTENGLAN  
MON-WED 0830-1200 & 1400-1600  
THURS 0830-1200 & 1400-1800  
FRI 0830-1200

### **STADTWERKE RAMSTEIN**

POC: 06371-59-2312  
[ksk@Stadtwerke-Ramstein.de](mailto:ksk@Stadtwerke-Ramstein.de)  
AM NEUEN MARKT 8  
66877 RAMSTEIN-MIESENBACH  
FAX: 06371-59-2333  
MON, TUES, THURS, FRI 0800-1600  
WED 0800-1200

### **VG-STADTWERKE LANDSTUHL**

POC: 06371-83165/265  
[werke@landstuhl.de](mailto:werke@landstuhl.de)  
BAHNSTRASSE 80  
66849 LANDSTUHL  
FAX: 06371-83101  
MON-WED 0830-1200 & 1400-1600  
THURS 0800-1800  
FRI 0830-1200

### **VG-BRUCHMUEHLBACH-MIESAU**

POC: 0637-292-20504  
[info@bruchmuehlbach-miesau.de](mailto:info@bruchmuehlbach-miesau.de)  
AM RATHAUS 2, ROOM #4  
66892 BRUCHMUEHLBACH  
FAX: 06372-9222503  
MON-WED & FRI 0800-1200  
THURS 0830-1200 & 1400-1800

### **GEMEINDEWERKE KRICKENBACH (GAS AND WATER ONLY)**

POC: 06307461308  
[service-krickenbach@prolora.de](mailto:service-krickenbach@prolora.de)  
[INFO@KRICKENBACH.DE](mailto:INFO@KRICKENBACH.DE)  
LINDENERSTRASSE 2 (RATHAUS)  
67706 KRICKENBACH  
MON-WED 0830-1200 & 1400-1630  
THUR 0830-1200 & 1400 - 1800  
FRI 0830-1200