



**CITY OF SEWARD PUBLIC UTILITIES**  
**Request for Seasonal\Temporary Off**

PO Box 167, Seward, AK 99664-0167  
Phone (907) 224-4050 Fax (907) 224-4038

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Service Address: \_\_\_\_\_  
Services to turn off:

<input type="checkbox"/> Electric	Date to turn off: _____
<input type="checkbox"/> Water	Date to turn off: _____
<input type="checkbox"/> Sewer	Date to turn off: _____

**Property Information (If renter, provide Landlord's contact information)**

Property Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

**Account Holder Information**

Company Name (If applicable): \_\_\_\_\_  
Applicant First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
SSN (Last 4) or EIN: \_\_\_\_\_ Driver's License and State: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_

City to Complete This Section				
Zone: _____	Services to turn off:	<input type="checkbox"/> Electric	<input type="checkbox"/> Water (ERU: _____)	<input type="checkbox"/> Sewer
<input type="checkbox"/> Residential	<input type="checkbox"/> Small General Service	<input type="checkbox"/> Large General Service	<input type="checkbox"/> Industrial	<input type="checkbox"/> Boat Harbor
Water Service Size (Commercial/Industrial): _____		Sewer Service Size (Commercial/Industrial): _____		
<input type="checkbox"/> Seasonal\Temporary turn-off fee applied		<input type="checkbox"/> Seasonal\Temporary turn-off fee WAIVED ( <i>per tariff</i> )		

I certify that I am the owner or renter of the service address listed above and hereby authorize the City of Seward Utilities to turn off the services as indicated above. I authorize the City to bill me for applicable fees regarding turning off services. I confirm that the information provided is true and complete.

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