



CITY OF SEWARD PUBLIC UTILITIES

Request for Seasonal/Temporary On

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

Date: _____ Account Number: _____
Service Address: _____
Services to turn on:

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

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 on:	<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-on fee applied		<input type="checkbox"/> Seasonal\Temporary turn-on fee WAIVED (<i>per tariff</i>)		

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

Signature: _____ Date: _____