



CITY OF SEWARD PUBLIC UTILITIES

Request to Close Account

PO Box 167, Seward, AK 99664-0167

Phone (907) 224-4050 Fax (907) 224-4038

Date: _____ Date Service to End : _____ Account Number: _____

Service Address: _____

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: _____

Forwarding Address: _____

City to Complete This Section

Zone: _____ Services to Terminate: Electric Water (ERU: _____) Sewer

Residential Small General Service Large General Service Industrial Boat Harbor

Water Service Size (Commercial/Industrial): _____ Sewer Service Size (Commercial/Industrial): _____

Account Reviewed and Finalized (initials and date): _____ Deposit Refunded: _____ \$

I certify that I am the owner or renter of the service address listed above and hereby authorize the City of Seward Utilities to remove me as the named account holder at this address. I authorize the City to bill me for consumption of services up to and including the Service to End date indicated above. I confirm that the information provided is true and complete.

Signature: _____ Date: _____