



CITY OF SEWARD PUBLIC UTILITIES

Request for Seasonal/Temporary OFF (ELECTRIC Service)

PO Box 167, Seward, AK 99664-0167

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

Date: _____

Account Number: _____

Service Address: _____

Service to turn OFF:

Electric 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: Electric

Residential

Small General Service

Large General Service

Industrial

Boat Harbor

Seasonal/Temporary turn-on fee applied

Seasonal\Temporary turn-on fee WAIVED (*per tariff*)

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 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: _____