



# CITY OF SEWARD PUBLIC UTILITIES

## Request for Seasonal/Temporary On (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 on:

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 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: \_\_\_\_\_