



**CITY OF SEWARD PUBLIC UTILITIES**

**Request to Close ELECTRIC Service 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

Residential  Small General Service  Large General Service  Industrial  Boat Harbor

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: \_\_\_\_\_