

**CITY OF KLAWOCK ALASKA
UTILITY DISCONNECTION FORM**

Please provide the following information to have your utility service discontinued. Once your service is disconnected, your account must be paid in full before it will be closed. Your application must be received by the Billing Clerk at least two weeks prior to the first of the month when service is to be disconnected.

DATE REQUEST DISCONNECTION BY _____ ACCOUNT# _____

PROPERTY OWNER: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

COMPLETE THIS SECTION IF YOU SOLD YOUR PROPERTY.

TRANSFER TO: _____

MAILING ADDRESS: _____

I hereby request that my above utility service be discontinued by the date provided above.

Property Owner: _____ Date _____

FOR STAFF USE ONLY

Account Balance \$ _____

Public Works notified Yes No

Scheduled Date _____

Approved Denied _____ Date _____

Signature, Title

Comments _____
