



Finance Department 907-486-8650 Voice 907-486-8600 Fax

UTILITY PAYMENT AGREEMENT

For Utility Account # _____

I,	have agreed to pay the City of Kodiak th	ıe	
Please Print Name amount listed on the back of this pag	e towards past due utility fees for property at:		
	Please Print Service Address		
A late Fee of \$35.00 has been applie	to this utility account and included in the total amount of	lue	
I understand that all payments on thi	account are to be made payable to the City of Kodiak ar	ıd	
received at the utility office at 710 M	ill Bay Road, Room 211, Kodiak, Alaska 99615 accordin	ng	
to the schedule and dates provided or	the back of this form.		
If payment of the remaining outstand	ing account balance is not received in full by the dates		
indicated or a payment is missed, uti	ities to this property will be shut off the following busine	ess	
day. The City of Kodiak does not w	ive any rights or remedies by the agreement and will see	k	
its remedy through its internal policy	by discontinuing utility service to this property address.		
City of Kodiak	Property Owner/Tenant/Agent	Property Owner/Tenant/Agent	
Finance Director or Designee	Signature		
Date	Date: Phone:		
	Email:		

Payment Details:

DELAYED PAYMENT (must be paid before next billing) PAYMENT PLAN
(extended payments in
addition to monthly bill,
used for back billing &
special circumstances)

Total Outstanding Balance (includes \$35 late fee)	\$	\$
Less Payment Made At Time of Agreement	\$ ()	\$ ()
Sub Total (As of date)	\$	\$
Next Billing date	\$	
Balance	\$	
Date to be Paid	\$ ()	
Date to be Paid	\$ ()	
Date to be Paid	\$ ()	
Date to be Paid	\$ ()	
Paid in full by second billing cycle	\$	
Monthly Installment		\$
Current Monthly Bill		\$
Total Monthly Bill		\$
Start Date		
End Date		