



CITY OF KODIAK
POST OFFICE BOX 1397, KODIAK, ALASKA 99615

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

Water Shut Off / Turn On Request Form

Account # _____ Date _____ Account Name _____
(Please print)

Service Address _____

Turn off Date _____ Turn on Date _____
(For water turn on, customer must be at the service address and will need to schedule time for turning on water with Public Works.)

Reason for request:

Customer's Name _____ Phone Number _____

Customer's Signature _____

For Public Works Department

Date and time water shut off/ turned on _____

Public Works Employee signature _____
(Fax back to Finance upon completion.)

Employee accepting certificate _____ Date: _____

Approved by: _____ Date: _____

Entered into billing system by: _____ Date: _____