



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

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

UTILITY VACANCY CERTIFICATE

Owner _____ Account Number _____

Service Address _____ Unit Number _____

Dates Vacant (From) _____ (To) _____

- The vacancy certificate must be filled out *prior* to the month the vacancy is to begin and the vacancy must be for more than 30 days.
- This vacancy certificate is good for a maximum of four (4) months. If at the end of four (4) months the unit is still vacant a new certificate must be filed.

As the owner or owner's authorized designee, I authorize the City of Kodiak to investigate the use or occupancy of the above unit during times when the unit is reported vacant. I agree to pay the penalty according to the fee schedule for each utility, water and/or sewer, if the unit is found occupied during a reported vacancy, plus full payment of all back charges for the entire vacancy period.

I also agree to notify the City of Kodiak Finance Department immediately when the unit/property becomes occupied again.

Owner's or designee's signature _____

Date _____ Phone Number _____

Email Address _____

The effective date of this certificate will be _____

Employee accepting certificate _____ Date: _____

Dates Vacant (From) _____ (To) _____

Approved by: _____ Date: _____

Entered into billing system by: _____ Date: _____