



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. Will need to schedule time for turning on water with Public Works.)*

Reason for request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Customer's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Customer's Signature \_\_\_\_\_

Customer's Email \_\_\_\_\_

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For Public Works Department

Date and time water shut off/ turned on \_\_\_\_\_

Public Works Employee signature \_\_\_\_\_  
*(Fax back to Finance upon completion. Thanks.)*

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Employee accepting certificate \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Entered into billing system by: \_\_\_\_\_ Date: \_\_\_\_\_