



Alaska Rural Utility Collaborative  
Division of Environmental Health & Engineering  
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## SERVICE CHANGE FORM To Close Accounts

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Account number: \_\_\_\_\_

\_\_\_\_\_  
City / State / Zip

Address to send final Bill:

\_\_\_\_\_  
City / State / Zip

Date Last Service Provided: \_\_\_\_\_

- Reason:  Disconnect (due to non-payment)  
 Customer Request  
 Temporarily Out of Service/Frozen/Pending

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If close option is chosen, is there a new service user in the home? Y/N \_\_\_\_

If the home will be occupied in the future or any other information, please explain below:

Comments

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

By signing below, I certify and understand that I am responsible to ensure the customer's home listed above has been disconnected from receiving service, and that I performed the disconnection. A photocopy of this document is as valid as the original. You may receive a copy of this document upon request.

Water Plant Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_