



Alaska Rural Utility Collaborative
Division of Environmental Health & Engineering
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Anchorage, AK 99508
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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: _____

Water Plant Operator 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

For Office Use Only

Date Received: _____ Entered by: _____