ESTABLISH SERVICE ORDER

Last Name _____ **First & Middle Names** _____
(As it appears on your ID)

_____ **Service Address** _____

Mailing Address _____ **Account #** _____

Misc. Info:

_____ Previous Util. Customer? _____When _____ # of mo/yr_____
Owner _____ Renter_____ # in Household _____
Type:

Phone _____ Single Fmly. _____ Multi Family _____ Commercial. _____

DOB/
License # _____ **SS #** _____ # of Units _____ Holding Tank _____ Seasonal _____
(We must see your ID)

Lift Station _____ Out of Town _____ Spit _____ Pub. Authority _____

Email _____ Other _____

********** FEES **********

Establish Service (2101) _____

Deposit (2103) _____

Other _____

Tax (2104) _____

TOTAL FEES _____

DATE FEES PAID _____

********** SCHEDULE OF RATES **********

Water Customer Charge: $19. Per meter / Per month
Multi. Units $5. Per. unit /Per. month
Water per gallon: $0.0109 per gallon. ($10.90/1000gal)

Sewer Customer Charge: N/C for single unit service
Multi. Units $5. Per. unit /Per. Month
Sewer per gallon: $0.0147 per gall. ($14.70/ 1000gal)

Sewer W/Lift Station: $0.0218 per gall. ($21.80/ 1000gal)

DEPOSIT: The deposit will be according to meter size and description. The deposit will be refunded, plus interest within forty-five days after the date of disconnection, provided that the deposit and interest shall first be applied to any outstanding balance. On continuing accounts with one year of timely payments, deposit will be refunded, plus interest.
CHARGES: All charges will commence on the date the service is turned on. All monthly charges will continue to be billed to the customer who has signed the connect order until a disconnect order is requested. Monthly sewer billings will not be discontinued unless the water service is disconnected. Each reconnect will be charged at the regular fee as listed in the schedule of rates. Monthly service charges are based on the monthly water usage and billed at the end of the month.

AUTHORIZED BY: _____ DATE: _____
Signature (Customer responsible for the monthly billings)

Printed Name: _____

City of Homer 491 E. Pioneers Ave., Homer AK 99603 Ph: 235-8121 Ext. 0 / Fax: 235-3140

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For use of meter tech:

_____ Establish Service / Connect Water **_____ Meter Read Only**

_____ Contact Customer to schedule appt. **_____ Start w/ last Read**

Effective Date _____ **Service Address**_____

Phone Number _____ **Parcel Number** _____

Relay Number _____ **Route** _____**Service** _____ **Size of Meter**_____

Meter Reading: _____ **E-Mailed:**_____**@**_____ **Posted to:**_____