



CUSTOMER TERMINATION ORDER

Name(s): _____

Service address: _____

Acct. #: _____

Mailing Address: _____

Tenant: _____ Owner: _____

Services:
Water/Sewer _____
Water Only _____
Sewer Only _____

Customer's Signature

Date

Upon requesting a disconnect, the above noted service will be physically turned off. The City of Homer will not accept responsibility for any damages which might occur because of this disconnect.

If request is by phone:

1) Name of person who called: _____

2) Current phone number: _____

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

For use of meter tech:

READ THE METER: _____ LV 24 HR NOTICE): _____

METER READ ONLY: _____ DISCONNECT WATER: _____

Effective date: _____ Service address: _____

Relay #: _____ Route #: _____ Service #: _____

Meter Reading: _____ Date: _____ Disconnected: _____

Parcel #: _____