ESTABLISH SERVICE ORDER

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

Effective Date _____   **Service Address** _____

Mailing Address _____

_____   **OWNER** _____ **RENTER** _____

Type:

Phone _____   **Single Family.** ____   **Multi Family** _____   **Commercial.** ____

DOB/_____   # of Units _____   Holding Tank _____   Seasonal _____

License # _____ **SS #** _____
(We must see your ID)   Lift Station _____   Out of Town _____   Spit _____

Email _____   Other _____

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

Establish Service (2101) _____

Deposit   (2103) _____

Other   _____

Tax   (2104) _____

TOTAL FEES _____

DATE FEES PAID _____

Water Customer Charge:
    Multi. Units $5 per unit / per month
<u>Water per gallon</u>: $0.0161 per gallon, ($1.61 / 100 gal)

<u>Sewer Customer Charge</u>: N/C for single unit service
    Multi. Units $5 per unit / per month
<u>Sewer per gallon</u>: $0.0167 per gallon. ($1.67 / 100 gal)

<u>Sewer W/Lift Station</u>: $0.0275 per gallon. ($2.75 / 100 gal)

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. Pioneer 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** _____

Account # _____ **Relay Number** _____ **Route** ____ **Service** _____ **Size of Meter** _____

Meter Reading: _____ **E-Mailed:** _____/_____ **Time /Date:** _____/_____