



# ESTABLISH SERVICE ORDER

<b>Last Name</b> _____ (As it appears on your ID)	<b>First &amp; Middle Names</b> _____
<b>Effective Date</b> _____	<b>Service Address</b> _____
<b>Mailing Address</b> _____ _____	<b>OWNER</b> _____ <b>RENTER</b> _____
<b>Phone</b> _____	Type: <b>Single Family.</b> _____ <b>Multi Family</b> _____ <b>Commercial.</b> _____
<b>DOB/</b> _____	# of Units _____ Holding Tank _____ Seasonal _____
<b>License #</b> _____ <b>SS #</b> _____ (We must see your ID)	Lift Station _____ Out of Town _____ Spit _____
<b>Email</b> _____	Other _____

\*\*\*\*\* FEES \*\*\*\*\*

**Establish Service (2101)** \_\_\_\_\_

**Deposit (2103)** \_\_\_\_\_

**Other** \_\_\_\_\_

**Tax (2104)** \_\_\_\_\_

**TOTAL FEES** \_\_\_\_\_

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

**Water Customer Charge:**  
Multi. Units \$5 per unit / per month  
**Water per gallon:** \$0.0172 per gallon, (\$1.72 / 100 gal)

**Sewer Customer Charge:** N/C for single unit service  
Multi. Units \$5 per unit / per month  
**Sewer per gallon:** \$0.0171 per gallon. (\$1.71 / 100 gal)

**Sewer W/Lift Station:** \$0.0272 per gallon. (\$2.72 / 100 gal)

**DATE FEES PAID** \_\_\_\_\_

**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:**

_____ <b>Establish Service / Connect Water</b>	_____ <b>Meter Read Only</b>
_____ <b>Contact Customer to schedule appt.</b>	_____ <b>Start w/ last Read</b>
<b>Effective Date</b> _____	<b>Service Address</b> _____
<b>Phone Number</b> _____	<b>Parcel Number</b> _____
<b>Account #</b> _____	<b>Relay Number</b> _____ <b>Route</b> _____ <b>Service</b> _____ <b>Size of Meter</b> _____
<b>Meter Reading:</b> _____ <b>E-Mailed:</b> _____ / _____ <b>Time /Date:</b> _____ / _____	