



Request For Utility Disconnection

City of Wasilla, Public Works Department

290 East Herning Avenue

Wasilla, Alaska 99654-7091

Phone 907.373.9016 Fax 907.373.9085 publicworks@cityofwasilla.gov

| | | | |
|---|--|--|-------------|
| Final Bill Address Information | DATE: _____ DATE DISCONNECT REQUESTED: _____ | | |
| | Individual Name(s) | | Name Suffix |
| | Mailing Address for Final Bill | | |
| | City | State | Zip code |
| | Home Phone | Cell Phone | Work Phone |
| | Email Address | | |
| | Service Location | Service Location: Own <input type="checkbox"/> Rent <input type="checkbox"/> In process of selling <input type="checkbox"/> | |
| Street Address | | | |
| Subdivision/Block/Lot | | | |
| <i>Please complete Landlord information below if you were renting</i> | | | |
| Landlord Name | | Phone | |
| Mailing Address | | | |
| City | | State | Zip code |
| _____ SIGNATURE | | | |
| _____ DATE | | | |
| FOR OFFICE USE | | | |
| FINAL METER READING: _____ METER # _____ ACCOUNT # _____ | | | |