



P.O. Box 46
Kotzebue, Alaska 99752
Phone: 442-3401
Facsimile: 442=3742

CITY USE ONLY	
Disconnect / Reconnect	
Fees:	Receipt:
Account Number:	
Faxed to Public Works:	

REQUEST TO CHANGE BILLING ADDRESS

The following information will be needed in order to process your request. Requests received after 4:00 p.m. will be processed the following business day.

Enter the address found on your utility bill as the current address. Provide the new address of the residence that service is being transferred to. Please note that all fields are required.

CURRENT BILLING INFORMATION

Applicants Name: _____ Account Number: _____

Billing Address: _____
(PO Box or Street Number, Street Name, City, State, Zip Code) Phone Number (Cell, Home or Work)

Service Address: _____ Date Service Required: _____

Service Requested: ___ Restore service to landlord's name. Landlord: _____
___ Other _____

NEW BILLING INFORMATION

Applicants Name: _____ Account Number: _____

Billing Address: _____
(PO Box or Street Number, Street Name, City, State, Zip Code) Phone Number (Cell, Home or Work)

Service Address: _____ Date Service Required: _____

Applicants Signature

Date