



Municipality of Skagway

GATEWAY TO THE KLONDIKE

P.O. BOX 415 SKAGWAY, ALASKA 99840

(PHONE) 907-983-2297 - (FAX) 907-983-2151

WWW.SKAGWAY.ORG

WATER & SEWER SERVICE REQUEST

Billing Name: _____

Billing Address/Phone Number: _____

WATER ON ____ *must be present*

WATER OFF ____

Physical Location of Service: _____

Date of Service: _____ Time of Service: ____ 8 a.m. ____ 1 p.m.

Service Fee Per Res. 18-08R: _____ Paid _____ Bill

24-HOUR ADVANCE NOTICE MUST BE GIVEN

Property owners have ultimate responsibility for payment of services. Bills are mailed quarterly at the beginning of the three (3) month service period to which the bill applies. Payment is due at the end of the three (3) month service period to which the bill applies. Any bill not paid within twenty (20) days after the due date for payment shall be considered delinquent.

Signature

Date

Admin Initials _____

Office Use Only: E-mailed ☐ Counter Calendar ☐ Online Calendar ☐