

CITY OF UKIAH

CONNECT/DISCONNECT REQUEST FORM

NAME: _____

ADDRESS: _____

PHONE: _____

CONNECTION DATE: _____

RECONNECT DATE: _____

DISCONNECT DATE: _____

Forwarding Address:

Please send this completed form to

City Of Ukiah
Post Office Box 265
Ukiah, OR 97880
Phone: (541) 427-3900

Water:	\$ 41.25
Sewer:	\$ 27.00/Residents
	\$ 35.00/Business
Emergency Fund:	\$ 1.00
New Resident:	\$ 35.00 Deposit

AMOUNT PAID: _____ CHECK # _____

SIGNATURE: _____