



REQUEST FOR UTILITIES OUTAGE

Requester: _____ **Point of Contact:** _____

Phone: _____ **(cell:)** _____

Fax: _____

THE SYSTEM AFFECTED WILL BE: _____

THE REQUESTED UTILITIES OUTAGE WILL BE AT FACILITY NUMBER: _____

ON: (date) _____ **DAY:** _____

FROM: (time) _____ **TO: (time)** _____

Reason for the outage:

This request for utility outage shall be submitted by Fax to Doyon Utilities at (907) 356-7690 and verified by phone (907) 455-1570 Shayne Coiley or 455-1568 Charlie Davenport.

- This request must have a maximum lead time but not less than (5) working days prior to the requested outage date.
- The Contractor requesting an outage shall be provided by Doyon Utilities, a list of affected buildings. The Contractor is responsible to notify building occupants a minimum of 24 hours prior to scheduled outage.
- Doyon Utilities repairs requiring outages shall be the responsibility of Doyon to schedule & notify affected customers.

Signature: _____ **Date:** _____
