

Please give Doyon Utilities as much notice as possible but not less than (5) working days prior to the requested disconnect/reconnect.

Location:					
Service type:	Permanent	Temporary			
Utility to disconnec	t 🗌 Water 🗌 St	eam/Condensate	Wastewater		Electrical
Requested Disconnect:		Final Meter Read:			
Reason for Disconn	ect/Termination:				
Requester:		Point of Contact:			
Phone:		Cell:			
Submittal Date:		E-mail:			

RETURN FORM TO APPLICABLE OFFICE

Fort Wainwright

Submit requests via email to DU FWA Depot: Email: dufwadepot@doyonutilities.com Confirm receipt: (907)455-1571

Fort Greely

Submit requests via email to DU FGA Depot: Email: FGA_Service@doyonutilities.com Confirm receipt: (907) 869-3600