

CITY OF UKIAH
CONNECT/DISCONNECT/TRANSFER REQUEST FORM

NAME: _____

ADDRESS: _____

Physical Address: _____

Telephone/Cell Phone: _____

Meter Read: _____

CONNECTION DATE: _____

RECONNECT DATE: _____

TRANSFER DATE: _____

DISCONNECT DATE: _____

Forwarding Address:

Please send this completed form to:

**City of Ukiah
P.O. Box 265
Ukiah, OR 97880
Phone: 541-427-3900**

Water: \$ 42.00
Sewer: \$ 28.00 Residential \$ 36.00 for Commercial
Emergency Fund: \$ 1.00
New Resident: \$ 35.00

Amount Paid: _____ **Check/MO/Cash** _____

SIGNATURE: _____ **DATE** _____