

CITY OF FRUITLAND

200 S. Whitley Drive
Po Box 324
Fruitland, ID 83619
Phone: 452-4421
Fax: 452-6146

www.fruitland.org
spearcy@fruitland.org



TERMINATION WATER/SEWER

Reading _____

On Off

ACCT No: _____

CUSTOMER INFORMATION

Customer Name:

Date of Vacancy:

SSN: (last four digits only)

D.L.#:

D.O.B:

Service Address:

FWD Address:

Home Phone:

Cell Phone:

Email Address:

Employer Name, Address, Phone#:

Reason for Termination: (Sold, Moved, Rented Out, Etc.)

Person moving out is: Owner Landlord/Owner Renter Property Manager

SPOUSE/ ROOMMATE INFORMATION

Spouse/ Roommate Name:

Date of Birth:

Phone #:

D.L.#:

SSN: (Last four digits only)

PROPERTY OWNER INFORMATION

Property Owner Name/Address:

I hereby request and authorize the City of Fruitland's Utility Billing Department to terminate my water/sewer account and in doing so will also cancel any and all Direct Pay and Level Pay programs. I understand that I am responsible for all balances due.

Applicant Signature: _____ Date _____

Spouse/ Roommate Signature: _____ Date _____

Office use:

Deposit \$ _____ Deposit Date _____ Balance owing \$ _____ Refund Amount \$ _____

CK # _____ Refund Date _____ Balance Due After Deposit \$ _____ L.L. letter Sent _____

Notes: