

CITY OF FRUITLAND

200 S. Whitley Drive
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Fruitland, ID 83619
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www.fruitland.org
msmith@fruitland.org



TERMINATION WATER/SEWER

Reading _____

On Off

ACCT No: _____

PROPERTY INFORMATION

Service Address:

Date of Sale:

FWD Address:

Date Request Water Turn off:

Employer Name, Address, Phone#:

OWNER INFORMATION

Property Owner Name:

Date of Birth:

SSN: (last four digits only)

Driver's License No:

Email Address:

Home Phone:

Cell Phone:

CO-OWNER INFORMATION

Spouse/ Co-Owner Name:

Date of Birth:

Phone#:

Driver's License No:

SSN: (last four digits only)

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 _____

Notes: