



City of Ucon

Office: 523-3971 Fax: 552-7081

Office Hours: Tues. 1:00-5:00, Wed. 9:00-4:00,
& Thurs. 9:00-1:00 p.m.

PO BOX 98
Ucon, ID 83454
cityofucon@gmail.com

REQUEST FOR TERMINATION OF WATER AND/OR SEWER SERVICE

DATE OF REQUEST: _____ TERMINATION DATE: _____

ACCOUNT NUMBER _____

SERVICE LOCATION _____

CITY, STATE _____

PROPERTY OWNER: _____

OCCUPANT NAME(S) _____

FORWARDING ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____ CELL PHONE: _____

WORK PHONE _____ OTHER PHONE: _____

I, _____ (please print) as PROPERTY OWNER OR TENANT, acknowledge that I have requested that water and/or sewer service to the above property be taken out of my name on the above date. I understand that I am responsible for any charges which have accrued since the last billing statement and that these charges are due and payable immediately. I understand that if charges are not paid and the account is assigned for collection; I will be responsible for paying the account balance plus all collection charges (up to 33.3% of the account balance).

Sign: _____ Date: _____