

Mail: 325 E Aspen Ste 155
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**CITY OF FRUITA
TEMPORARY DISCONTINUANCE OF SERVICE**

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

I will not be using services from _____ to _____
Month/Day/Year Month/Day/Year

Reason: _____

Forwarding address: _____

NOTE: The City bills a month in arrear for services, so it is possible that you will have an amount owing before your temporary discontinuance.

I understand that:

1. I must notify the City of Fruita as soon as I return, or I could be charged with theft of service.

2. I am on direct debt payment with the City of Fruita. Yes No

Signature

Date Signed

To be completed by City of Fruita:

Today's Date: _____

Customer Acct. # _____

Entered in Springbrook: _____