CITY OF FRUITA TEMPORARY DISCONTINUANCE OF UTILITY SERVICES

CUSTOMER NAME:	
SERVICE ADDRESS:	
PHONE NUMBER:	
I will not be using trash and sewer services from	nto
	Month/Day/Year Month/Day/Year
Reason:	
Forwarding address:	
1 1:	gned up for Auto Pay (direct debit from your
Signature	Date Signed
Return this signed form to the City of Fruita, <u>jraine@fruita.org</u> or fax to (970) 858-0210.	, 325 E Aspen, Fruita, CO 81521 or email to
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	To be completed by City of Fruita: Date Received:
	Customer Acct. #
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