

Mailing date

Small Water Company Name

Mailing address

City, state zip code)

Phone (contact number)

FAX (fax number)

Emergency (contact number)

Email address if available

FINAL WATER SHUT -OFF NOTICE

Final Date (date to be disconnected)

Name (customer name)

Service address (Physical address)

Mailing address (if different from service address)

Acct # \_\_\_\_\_

Account Balance \$ \_\_\_\_\_

You were recently notified that you are delinquent in the payment of charges for Water Service provided by (Company name). The balance of your account according to our records, is indicated above. In accordance with the rules and regulations of the Idaho Public Utilities Commission, if this balance is not paid or if payment arrangements are not made by the Final Date shown above, then **YOUR WATER SERVICE WILL BE DISCONNECTED** after the Final Date. To avoid termination you must contact (Company) before the Final Date to make a payment arrangement or pay in full. Please call on weekdays between (Time) am and (Time) pm..

Termination may be delayed by:

1. Providing a medical certificate advising us of the existence of a Medical Emergency.
2. Filing a complaint regarding the proposed termination with the Idaho Public Utilities Commission, PO Box 83720, Boise, Idaho 83720-0074, (800) 432-0369.

Service will not be terminated prior to resolution of a filed complaint. Termination of service in no way relieves you of your obligation to pay for all services prior to termination. Should service be terminated, a charge for restoration of service (\$ xx.xx) during office hours , (\$ xx.xx) for other than normal business hours must be paid, plus the account balance prior to restoration of service. (A deposit may also be requested – if applicable).

**(Company) may assist you by making payment arrangements not requiring immediate payment in full, if you contact us prior to the Final Date to arrange such a payment plan. (bold print)**

Remember, your water will be turned off after the Final Date unless you act before the Final Date.

(Other formats accepted)