

SWC Company  
Office Address  
Mailing Address  
City, State Zip code  
Office phone number  
Emergency number

## **NOTICE OF INTENT TO TERMINATE SERVICES**

Customer Address Label Acct #  
FINAL DATE (Final Date)  
BALANCE DUE (\$xx.xx)  
SERVICE ADDRESS (customer service address)

You are hereby notified that you are delinquent in the payment of charges for Water Service provided you by (SWC) Company. 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 (SWC) Company before the Final Date to make a payment arrangement or pay in full. Please call on Weekdays between (TIME) AM and (TIME) pm and ask for billing/collections.

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, ID 83720-0074 (800-432-0369).

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 of; (\$xx.xx) during normal office hours, or (\$xx.xx) for other than normal business hours must be paid, plus the account balance prior to restoration of service.

**SWC 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.** (This statement must be in bold print.)

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

(other formats accepted)