

**CITY OF YUMA
APPLICATION FOR DISCONTINUANCE OF UTILITY SERVICE
P O BOX 265/910 SOUTH MAIN
YUMA CO 80759
(970) 848-3878**

APPLICANT: _____

SERVICE ADDRESS: _____

NEW MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____

WORK PHONE: _____

DATE OF BIRTH: _____

DATE TO END SERVICE: _____

OWNER OF PROPERTY: _____

THE FOLLOWING INDIVIDUALS ARE ALLOWED TO RECEIVE PERSONAL AND/OR FINANCIAL INFORMATION REGARDING MY UTILITY ACCOUNT:

- SPOUSE _____ LANDLORD FAMILY MEMBER (SPECIFY) _____
 OTHER _____

I AM HEREBY REQUESTING TO DISCONTINUE THE SERVICES SUPPLIED TO ME BY THE CITY OF YUMA. I UNDERSTAND THE DEPOSIT I MADE TO START MY SERVICE WILL BE APPLIED TO MY FINAL BILLING AT THE ABOVE ADDRESS, UNLESS I AM REQUESTING SERVICE AT ANOTHER LOCATION, IN WHICH CASE MY DEPOSIT WILL TRANSFER TO MY NEW ADDRESS. I ALSO UNDERSTAND I AM FULLY LIABLE FOR THE FINAL BILLING AT THE ABOVE SERVICE ADDRESS. IN THE EVENT COLLECTION OF UNPAID BALANCES IS NECESSARY, THE CONSUMER IS RESPONSIBLE FOR THE COSTS OF COLLECTION, INCLUDING, BUT NOT LIMITED TO, DISCONNECTION AND RECONNECTION FEES AND REASONABLE ATTORNEY FEES AND COSTS, OR PENALTIES ASSESSED WHERE FRAUD IS INVOLVED.

SIGNATURE OF APPLICANT: _____

DATE: _____

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OFFICE USE ONLY

UTILITY ACCOUNT NUMBER: _____

DEPOSIT AMOUNT: _____ REFUND DATE: _____