## CITY OF YUMA APPLICATION FOR DISCONTINUANCE OF UTILITY SERVICE P O BOX 265/910 SOUTH MAIN YUMA CO 80759 (970) 848-3878 OPTION #1

APPLICANT:					
OWNER (IF NOT APPLICA	NT):				
SERVICE ADDRESS:					
NEW MAILING ADDRESS:					
CITY, STATE, ZIP:					
HOME PHONE:					
CELL PHONE:					
WORK PHONE:					
DATE OF BIRTH:					
SERVICES TO END:	ELECTRIC	WATER	SEWER	TRASH	
CIRCLE ONE:	RENTED	SOLD/SELLIN	NG OW	NER/LANDLORI	C
DATE TO END SERVICE:					
I AM HEREBY REQUESTING I AGREE THAT I AM FULLY F APPLIED TO MY FINAL BILL ANOTHER LOCATION, IN WI IN THE EVENT COLLECTION FOR THE COSTS OF COLLE RECONNECTION FEES AND	RESPONSIBLE FOR ING AT THE ABOVE HICH CASE MY DEP I OF UNPAID BALAN CTION, INCLUDING	THE FINAL BILL ADDRESS, UNL OSIT WILL TRAN NCES IS NECESS , BUT NOT LIMIT	ING. I UNDERS ESS I AM REQ ISFER TO MY N GARY, THE CON ED TO, DISCON	STAND MY DEPO UESTING SERVIC IEW ADDRESS. ISUMER IS RESP INECTION AND	SIT WILL BE E AT ONSIBLE
SIGNATURE OF APPLICA	NT:				
DATE:					
OFFICE USE ONLY					
UTILITY ACCOUNT NUMB	ER:				
DEPOSIT AMOUNT:		REFU	JND:	YES	NO
TRANSFER TO ACCOUNT REVISED 8/2018	NUMBER:				