

# CITY OF BONNERS FERRY

7232 Main Street  
P.O. Box 149  
Bonners Ferry, Idaho 83805  
Phone: 208-267-3105  
cityhall@bonnersferry.id.gov

---

## Request to Discontinue Utility Services

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Final Read Date: \_\_\_\_\_

Name of Next Occupant \_\_\_\_\_

Name of Property Owner \_\_\_\_\_

I hereby request that utility services at the above service address be discontinued as of the final read date listed.  
I understand and agree that the final bill will be paid in full within 14 days of the final billing.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_