

Company Name
Mailing Address
City, State Zip code

Office Address
City, State Zip code
Office phone: xxx-xxx-xxxx
Emergency Phone: xxx-xxx-xxxx
Fax: xxx-xxx-xxxx
Email: xxxxxxxx@xxxx

FINAL NOTICE – WATER TERMINATION

Account Number: customer account #
Service Address: customer service address (mailing also if different)

TERMINATION DATE: Date (Note: This date has to be the proposed termination date. Service can be terminated on or after this date for up to 21 days.)

BALANCE DUE: \$xx.xx

You were recently notified that you are delinquent in payment for water service provided to you by **Company Name**. The balance owed on your account is indicated above.

If this balance is not paid or if payment arrangements are not made before the date shown above, then **YOUR WATER SERVICE WILL BE DISCONNECTED**.

To avoid termination of service, you must contact **Company Name** **before** the Termination Date to make a payment arrangement or pay in full. Please call on weekdays between **TIME a.m.** and **TIME p.m.**

Termination may be delayed by:

1. Providing a medical certificate advising us of the existence of a Medical Emergency; or
2. Filing a complaint regarding the proposed termination with the **Idaho Public Utilities Commission, PO Box 83720, Boise, ID 83720-0074 (800-432-0369 or 208-334-0369)**.

Service will not be terminated prior to resolution of a filed complaint. Termination of service does not relieve 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 regular office hours, or \$xx.xx for other than regular business hours must be paid in addition to the account balance prior to restoration of service. **A deposit may also be requested.**

If you are unable to pay your bill in full, Company Name may assist you by making payment arrangements. (This statement must be in bold print.)

Remember, your water will be turned off on or after the Termination Date shown above unless you act before that date.