



CITY OF LEWISTON

P.O. Box 617 or 1134 F Street, Lewiston, ID 83501

Phone: 208.746.3671 / Fax: 208.746.1907 / Email: ubinquiries@cityoflewiston.org

APPLICATION FOR TEMPORARY SUSPENSION OF SERVICE Due to Fire

Account #: _____

Date Requested to Suspend Service: _____

Name of Owner: _____

Property Location: (Street Address) _____

Mailing Address: (During Suspension) _____

Phone Number (s): _____

Email Address: _____

Reason for Suspension: _____

The property owner shall be responsible for any water and wastewater services used during the suspension. In order to be exempt from the base fee for sanitation service the mobile cart will need to be picked up. Upon return of services and the mobile cart, a \$15.75 return cart fee will be assessed on the next billings.

Please provide at least a 3 business day notice when services are to be restored. When this form is submitted via email you will receive an email confirming receipt of application.

Signature: _____

Date: _____