

**CITY OF PRINCETON
TEMPORARY CANCELTION OF SERVICES**

DATE: _____

NAME: _____

LOCATION: _____ ACCOUNT: _____

DATE OF VACANCY: _____ DATE OF RETURN: _____
(must be more than 1 mo., yet less than 6 months to qualify)

FOWARDING ADDRESS: _____

ADMINISTRATIVE FEE, \$10.00 - not applicable for garbage stop only

GARBAGE STOP ONLY: Customer Signature _____

For City Hall Use Only

CHECK # _____ DATE OF PAYMENT: _____ POSTED: _____

SERVICES STOPPED IN COMP: _____ SERVICES RESTORED: _____

NOTICE: You will receive a complete utility bill the month after vacating, months to follow until your return will consist of Capital Improvement Charges only. During a period when service is temporarily cancelled as provided in Ord. 92.09, there shall be no minimum service charge. **IF THERE IS ANY USAGE DURING THE TEMPORARY CANCELLATION, THE PROPERTY OWNER WILL BE BILLED THE USAGE IMMEDIETLY DURING THE NEXT BILLING CYCLE.** This temporary cancellation does not in any way exclude the property owner from being charged the Capital Improvement fee.

I have read the above notice and agree to all terms and conditions.

Owner Signature: _____ Date: _____

City Clerk/Deputy Clerk Signature: _____

NOTES: _____