



**CITY OF GARDEN CITY  
UTILITY BILLING DEPARTMENT**

6015 Glenwood Street ■ Garden City, Idaho 83714  
Phone 208/472-2930 ■ Fax 208/472-2996

**SEASONAL CUSTOMER REQUEST**

Account Number \_\_\_\_\_

Customer Name \_\_\_\_\_

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

Phone Number \_\_\_\_\_

**WATER AND SEWER** Stop Date \_\_\_\_\_ Start Date \_\_\_\_\_  
(Meter will be turned off SO# \_\_\_\_\_)

**SANITATION** Stop Date \_\_\_\_\_ Start Date \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Garden City Representative Initials  
E-mail sent to Republic Services \_\_\_\_\_  
Entry made in Springbrook \_\_\_\_\_