

City of St. Charles
PO Box 58
St. Charles, Idaho
(208)945-9636



Utilities SHUT-OFF Application

Applicant Information

Name of Property Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ - _____ Fax: () _____ - _____ Cell: () _____ - _____

E-mail Address: _____

Request type: SHUT OFF MY UTILITIES

I/We, hereby certify that I am the owner (CHECK BOX AND INITIAL ON THE LINE) _____ of the above described property and that I do hereby accept **ALL** fees associated with having the City of ST. CHARLES SHUT OFF

email: saintcharlescity@gmail.com
website: stcharlesidaho.weebly.com

MY UTILITIES (WATER AND SEWER). I UNDERSTAND THAT I WILL RELINQUISH ALL RIGHTS TO THESE SERVICES AND WILL BE REQUIRED TO REAPPLY AND PAY FOR A NEW CONNECTION AT THE RATE CHARGED AT THE TIME OF RECONNECTION.

Signed:

Date:

Signed:

Date:
