



## CITY OF BONNERS FERRY

7232 Main Street  
P.O. Box 149  
Bonners Ferry, Idaho 83805  
Phone: 208-267-3105 Fax: 208-267-4375

---

### Request to Discontinue Comfort Level Billing

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

I understand by discontinuing my comfort level billing, I will receive the full amount of utility charges every month, NOT an average. I agree to pay my bill in full every month by the due date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Signature

\_\_\_\_\_  
Date