



400 ALEXANDRIA BOULEVARD • OVIEDO, FLORIDA 32765

Service Disconnection Request

(24 HOUR NOTICE REQUIRED – MONDAY-FRIDAY ONLY)

***** RENTER ONLY *****

| | | | |
|--|-------|------|--|
| Date Service to End: | | | _____ |
| Billing Name: | | | _____ |
| Service Address: | | | _____ |
| Forwarding Address: | | | _____ |
| Forwarding City: | State | Zip: | _____ |
| | | | : _____ |
| Name of Landlord: | | | _____ |
| *Is your acct bank drafted? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | If yes, do you want the final bill to draft? |
| | | | Yes [] No [] |

Please be advised:

Water could be turned off as early as 7:00 a.m. on disconnection date. _____
Deposit will be returned after 4-6 weeks Initials

By my signature below, I acknowledge that I have read and agree to the above listed conditions and any questions have been answered satisfactorily. I also understand that the Water service could be turned off as early as 7:00 AM on the disconnection date.

Customers Signature: _____ Date: _____

Customer Service Representatives Signature: _____