



400 ALEXANDRIA BOULEVARD • OVIEDO, FLORIDA 32765

Service Disconnection Request
(24 HOUR NOTICE REQUIRED – MONDAY-FRIDAY ONLY)

*****HOMEOWNER ONLY*****

Date Service to End: _____

Billing Name: _____

Service Address: _____

Forwarding Address: _____

Forwarding City: _____

State _____

Zip: _____

*Did you sell property? Yes No

To Whom: _____

*Did you rent property? Yes No

To Whom:
(Name of all
Tenants) _____

*Is your acct bank drafted? Yes No

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 _____

**PLEASE NOTE: IF YOU ARE THE HOME OWNER AND SELLING YOUR HOME,
IN ORDER TO TAKE THE SERVICE OUT OF YOUR NAME AND TO STOP RECURRING
MONTHLY CHARGES, YOU MUST DEMONSTRATE A CHANGE OF OWNERSHIP.**

INITIAL: _____

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: _____