



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 No

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

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: _____