



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: \_\_\_\_\_