



7425 Spring Hill Dr
Spring Hill, FL 34606
Telephone (352) 754-4037
Fax (352) 688-5012

DEPOSIT TRANSFER

DATE: _____ UTILITIES ACCOUNT NUMBER: _____

I, _____, hereby give my permission for
(Printed Name)

Hernando County Utilities to transfer my deposit in the amount of

\$ _____, to the name of _____.

As of this date, I understand I will no longer maintain a deposit on record with
Hernando County Utilities Department.

Signature

State of Florida

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,

by _____, personally known to me or has produced

_____ (type of ID/number) as identification and did (did not) take and oath.

Notary Public, State of Florida

My Commission expires