



SERVICE TERMINATION FORM

PLEASE TURN SERVICE OFF AND TAKE THE
FINAL READING ON: _____,

Disconnection Date

at: _____

Property Service Address

ACCOUNT NUMBER: _____ - _____ LOCK METER

(Additional fee Maybe Required)

Name(s): _____

Please Print

NOTE: HERNANDO COUNTY UTILITIES DEPARTMENT DOES NOT FORWARD MAIL

Please send final bill/refund to: _____

Address

City

State/ Prov.

Zip/Postal Code

(_____) - _____

Contact Phone Number

Check All that Apply

Agent

Tenant

Owner*

SOLD

SEASONAL

DEMOLITION

VACANT LOT

REMOVE HYDRANT MTR

Signature _____ Date _____ Rep's initials _____

This form can be faxed to (352) 688-5012 – Spring Hill Office