



SERVICE TERMINATION FORM

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

Disconnection Date

at: _____
Property Service Address

ACCOUNT NUMBER: _____ - _____



LOCK METER

Name(s): _____
Please Print

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

*Owners please note: base charges are assessed until change of ownership.

This form can be faxed to (352) 688-5012 - Spring Hill Office
This form can be faxed to (352) 754-4485 - Brooksville Office