PO BOX 2286
1 SOUTH CENTRAL
UMATILLA, FL 32784
(352) 669 -3125

Utilities@Umatillafl.org

# DISCONTINUATION OF UTILITIES

Name:_____ Account#: _____

I hereby request that utilities including water, sewer and garbage be discontinued at the following location:

Physical Address: _____

DATE TO HAVE WATER DISCONNECTED: _____

The following address is where bill or deposit refund may be forwarded:

Forwarding Address:_____

City/State/ZIP: _____ Phone# _____

Apply Deposit: YES _____ APPLY DEPOSIT TO FINAL BILL
NO _____ KEEP DEPOSIT ON ACCOUNT
($35.00 RECONNECT FEE)

Transfer Deposit: _____ To Acct # _____
($35.00 Transfer Fee)

**If Owner:** Did you sell the Property? _____YES _____NO

NEW OWNER'S NAME _____

I understand that, as the property owner, according to City Ord; Sec 56-26, I am subject to a service availability charge which is equal to the base rates for water and sewer monthly including garbage. This charge will be assessed monthly until the property is sold or a tenant establishes a utility account with the City.

**ANY UNPAID BILLS WILL ACCRUE PENALTIES AFTER THE 10TH OF THE MONTH.**

_____
Signature

_____
*Date*

***Office Entry Only***

| BRA | Owner | Tenant |
|---|---|---|
| BRI | Final | Seasonal |

_____
*Employee Signature*

WO#_____



SUBMIT