

**CITY OF BELLEVIEW
5343 SE ABSHIER BLVD
BELLEVIEW, FLORIDA 34420
(352) 245-7021 EXT 2101 – OFFICE
(352) 245-6532 – FAX
BUSINESS HOURS M-TH 7AM – 6PM**

REQUEST TO PERMANENTLY TERMINATE UTILITY SERVICE

Customer Name: _____

Service Address: _____

Telephone Number: _____

Date you want service off: _____

Forwarding Address: _____

I am hereby requesting the City of Belleview to permanently disconnect my utility services with them at the above referenced location. I realize this means my deposit (if any) will be applied to my final billing and any refund or bill due will be sent to the forwarding address listed above.

Customer's Signature: _____

Date Signed: _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20__,
by _____, who () is personally known to me or () who has produced a
_____ Driver's License as identification.

NOTARY PUBLIC

My Commission Expires:
My Commission Number:

Date Received by City of Belleview: _____
Work Order Issued: # _____ **Date:** _____