Office Use Only:

Town of Howey-in-the-Hills		
101 N Palm Ave		
Howey-in-the-Hills, FL 34737		
352-324-2290		



Acct./Meter: _____ Svc. End Date: _____ Deposit Refunded: _____

Date: _____Check #: _____

Account Termination Request Form

Closing / Move Out Date:_____

Name: (Last)	(First)	Date:
Service Address:		
Potable Account #	Irrigation Account	#
Do you: Rent	_Own	
Forwarding Address:		
Address:		
City:	State:	Zip Code:
Phone Number: () Email Address:	Alternate Phon	e Number: () <u>-</u>

Termination request will only be granted if the primary customer on the account is requesting the termination.

If a security deposit is on file when services are terminated, it will apply to your final bill. Any refund due will be mailed after the final bill is generated.

Resident Signature: _____ Date: _____

Please print, complete and bring this with you to the Town Hall. LOCATED AT: 101 N PALM AVE. HOWEY IN THE HILLS, FL 34737