



VILLAGE OF INDIANTOWN WATER & WASTEWATER UTILITY REQUEST PERMANENT DISCONNECTION



This form will be given to the Account Holder requesting the services to be disconnected. If the customer makes the request over the phone, this form will be mailed to the forwarding address or emailed to the email address to on file.

Requested Turn Off Date: _____ Account Number: _____

Applicant Name: _____

Service Address: _____

Requestor's Name: _____

Forwarding Address: _____

Email Address: _____

Signature: _____ Date: _____

If you have any questions regarding this process, please contact Utility Billing at 772-597-2121.

OFFICE USE ONLY

Is there a remaining deposit? ☐ Yes ☐ No If yes, what is the amount? _____

Is there a current balance? ☐ Yes ☐ No If yes, what is the amount? _____

Please note that if there are any balances unpaid on the account and there is a deposit on file, the balance will be deducted from the deposit. If a customer has more than one service address on the account, the remaining deposit will be applied to the account in the form of a credit. If a customer is in between billing cycles during the request for disconnection, there will be a final bill calculating any usage and the base rate will be prorated from the first date of the last billing cycle to the date of disconnection.

Utility Billing Clerk