

REQUEST TO CLOSE UTILITY ACCOUNT

Account Holder's Information							
Account Holder's First Name:		M.I.					
Last Name:							
Service Address:		ZIP Code: 333 -					
Own Rent (Please circle)	Termination Date:						
during regular business hours (8:00 A	should be <u>RECEIVED</u> by Utility Billing at Cit AM to 4:00 PM, Monday - Friday). Disconnect completed and signed forms will be proces	ions are scheduled on the					

Contact Information						
Mailing Address (If different from above)						
City:	State:		ZIP Code:			
Home Telephone:	Cellular Te	ellular Telephone:				
E-Mail Address:						
Requested By (Print Name)		Relationship to Account Holder:				
Signature:		Date:				

Official Use Only							
Date:	Turn Off Da	ite:		Account#			
Deposit:	New Account	New Account Date: (If		Applicable) Updated Mailing address:			
Meter# 1	Size	Rate	F	Read			
Meter# 2	Size	Rate	F	Read			
Work Order:		Cycle:	Route:				
Prepared By:		Reviewed	By:				

Close Account Requests are processed:

- In Person at City Hall during regular business hours (8:00 4:00 Monday Friday).
- Via E-mail: <u>Utilitybilling@plantation.org</u>
- Via 24hr Payment Drop boxes (Locations Below)
 - A. Plantation City Hall: 400 NW 73 Ave
 - B. Jim Ward Community Center: 301 NW 46 Ave
 - C. Central Park: 9151 NW 2 St
 - D. Volunteer Park: 12050 W Sunrise Blvd

(Please Note: Drop Box requests received before 3:00 P.M. are recorded next business day. Drop box requests received after 3:00 PM are processed within two business days)