



City of South Daytona

P.O. Box 214960 South Daytona, Florida 32121-4960
Utility Billing Office Phone: 386-322-3002 Fax: 386-322-3018
Office Hours: Monday through Friday 8:00 a.m. – 4:30 p.m.

Date of Request: _____

Requestor: _____

WATER SERVICE DISCONNECTION REQUEST

Account #: _____ Name on Account: _____

Disconnect Date: _____ Service Address: _____

Forwarding Address: _____

Separate Garbage Account: NO _____ YES _____ - Acct. # _____
Separate Stormwater Acct.: NO _____ YES _____ - Acct. # _____

I understand that I am responsible for all monies owed on the above utility account(s) up to and including the final reading date (Service Disconnection Date) _____.

The Final Bill will include service from the previous reading date _____ through the final reading (disconnection) date _____ and will be mailed to the forwarding address.

*PLEASE NOTE **This usage has not yet been billed on any invoice.*

*The outstanding balance due of _____, includes service up to the last reading date (*but does NOT include the disconnection date).*

PLEASE PAY ANY OUTSTANDING BALANCE ON YOUR UTILITY ACCOUNT AT THIS TIME.
All monies on this account must be paid prior to refund of your advanced security deposit.

Account Signature: _____ Date: _____

All account status changes must be in writing.

The City cannot be responsible for any verbal change requests without an authorized signature.

Disconnections will occur only during normal City Hall hours of operation, Monday through Friday.

UTILITY DEPARTMENT USE ONLY			
Work Order	_____	New Customer W/O?	_____
Address Change	_____	Garbage Notification	_____