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## STOP SERVICE FORM

Account Name:

Service Address:

Do you have an irrigation meter?

Service Termination Date:

*This notice must be submitted 24 hours prior to date requested.*

### **Forwarding Information:**

Address:

City:

State:

Zip Code:

Telephone Number:

I hereby request that my service with Haines City Utilities be terminated on the date requested. I understand my deposit will apply to my final bill and any balance due/refunds will be mailed to the above address.

I am a seasonal customer and hereby request that my service with Haines City Utilities be temporarily suspended on the date requested and my deposit be placed on hold. Furthermore, I acknowledge that while the account is placed on hold, I will be assessed the base charge of \$12.12/\$15.15 inside/outside city limits.

Signature:

Date:

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### OUR MISSION

*"Our team of professionals will provide our residents and business community with the highest quality services in a fiscally responsible manner through cooperation, strong ethical leadership with a lifelong commitment to enriching lives."*