



Request for Termination of Service

Date _____

Requestor name _____ Account # _____

Name on Account if different _____

If applicable, documentation must be provided proving you are allowed to terminate service for the account holder.

Service address _____

Email address _____ Phone number _____

Service termination date _____

I understand that the deposit, if applicable, will be applied to this account, and a final bill will be generated for this address. If there is a balance due, I agree to pay this balance upon receipt of the final bill. If there is a credit balance, this refund will be mailed to the forwarding address as follows:

Forwarding Address _____

If service is requested at this address from the above-named person, family member or real estate agent, I understand there will be back billing of the base rate for each month this remains vacant, payable before service is restored. A new Customer Service Request form must be submitted along with a copy of driver's license and a new deposit if applicable.

I certify this home is unoccupied.

I _____ (proof of ID required) authorize Brevard County Utility Services Department to discontinue water service at the address listed above.

Signature _____ Date _____

Customer Service Offices

Barefoot Bay Water & Sewer
931 Barefoot Blvd, Suite 2
Barefoot Bay, FL 32976
Phone: 772-664-5916
Email: BFB.Billing@brevardfl.gov

North Brevard Water & Sewer
2262 High Dr.
Mims, FL 32754
Phone: 321-264-5130
Email: Mims.Billing@brevardfl.gov