

Temporary Disconnection Request

Date	
Requestor name	Account #
Name on Account if different	
If applicable, documentation must be provervice for the account holder.	vided proving you are allowed to temporarily turn off
Service address	
Email address	Phone number
Requested shut off date	
-	nly during this temporary shut off. I understand and agree
•	n aware I must contact Brevard County a day prior to my 5 service fee will apply to my account upon activation.
Forwarding Address	
understand that I am responsible for updates assure proper delivery of my bill. I am aw	s is where I would like my bill to be addressed. I ating any address changes before and upon my return to are that Brevard County is not responsible for mailing ats to avoid any additional fees and/or penalties.
I certify this home is unoccupied.	
I Services Department to discontinue water	(proof of ID required) authorize Brevard County Utility r service at the address listed above.
Signature	Date
Cust	omer 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