



Cancellation of Service

Cancellation of Date: _____ Account Number: _____

Name(s) on the Account: _____

Service Address: _____
Street Unit City State Zip

Final Billing Address: _____
(If different than service address) Street Unit City State Zip

Phone Number: _____

☐ Sale of Property – Closing Date: _____

☐ End of Rental Lease – Owner Name: _____ Ph No. _____

How would you like to receive your Final Billing Statement:

☐ Ebill ☐ Printed

Please check one of the following:

(If left blank, this form is considered incomplete and will not be processed)

☐ This is notice to cancel all utility services at the service address indicated above. I do not wish to have the water disconnected at this time.

☐ This is a notice to cancel all utility services at the service address indicated above. I wish to have the water service turned off on the date requested. I understand that I may be subject to receive a Normal Disconnection of Service charge on my final bill in accordance to the Adopted Rate Schedule.

Please note: any same day requests to have services disconnected must be submitted prior to 12pm, if received after the designated time, the services will be disconnected in the morning of the next business day.

I understand that I will be held responsible for all utility services used on such premises until the succeeding occupant applies for utility service and pays the District a new customer deposit for its account and provides sufficient transfer documentation.

Customer(s) Signature _____

Date _____

Bay Laurel Center CDD
8470 SW 79th Street Road, Suite 3, Ocala FL 34481
Phone: 352-414-5454 Fax: 352-414-5461

Cancellation of Service (11/19)(07/24)