

Temporary Disconnection Request

Date	
Requestor name	Account #
Name on Account if different	
	ided proving you are allowed to temporarily turn off
Service address	
Email address	Phone number
Requested shut off date I understand my meter will be read monthl	y during this temporary shut off. I understand and agree

to be billed the monthly base charges. I'm aware I must contact Brevard County a day prior to my return to reactivate service and that a \$15 service fee will apply to my account upon activation.

Forwarding Address ____

I certify that the above forwarding address is where I would like my bill to be addressed. I understand that I am responsible for updating any address changes before and upon my return to assure proper delivery of my bill. I am aware that Brevard County is not responsible for mailing delays and agree to make timely payments to avoid any additional fees and/or penalties.

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