



# City of Hialeah Gardens

## Water & Sewer Department

13601 NW 107 Ave. Hialeah Gardens, Fl. 33018 Phone: 305-822-3017 Fax: 305-827-0235

### REQUEST TO CLOSE ACCOUNT

#### ACCOUNT INFORMATION

ACCOUNT NAME: \_\_\_\_\_

NOMBRE EN LA CUENTA \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

NUMERO DE CUENTA \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

DIRECCION DE SERVICIO \_\_\_\_\_

DATE OF DISCONNECTION : \_\_\_\_\_

FECHA DE DESCONEXIÓN : \_\_\_\_\_

#### FORWARDING ADDRESS & INFORMATION

FORWARDING ADDRESS: \_\_\_\_\_

DIRECCION DE REENVIO \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CORREO ELECTRONICO \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NUMERO DE TELEFONO \_\_\_\_\_

#### ACKNOWLEDGEMENT OF CANCELLATION REQUEST

I UNDERSTAND THAT UPON MY REQUEST THE CITY WILL DISCONNECT MY SERVICE AND I AM RESPONSIBLE FOR ALL CHARGES UP TO THE DATE OF DISCONNECTION STATED ABOVE AND RECEIVED BY THE WATER DEPARTMENT. FURTHERMORE, I AM AWARE THAT IT CAN TAKE UP TO 6 WEEKS BEFORE THE FINAL BILL AND REFUND CHECK (IF APPLICABLE) IS MAILED TO THE FORWARDING ADDRESS.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

ID# \_\_\_\_\_

TYPE: \_\_\_\_\_

#### FOR OFFICE USE ONLY

EMPLOYEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

TODAY'S BALANCE: \_\_\_\_\_

PAID \_\_\_\_\_

DEPOSIT AMOUNT: \_\_\_\_\_

SERVICE ORDER # \_\_\_\_\_