



**PEOPLES WATER SERVICE COMPANY OF FLORIDA, INC.**

P.O. BOX 4815 • 905 LOWNDE AVENUE PENSACOLA, FLORIDA 32507-0815  
(850) 455-8552 FAX (850) 456-1010

## Request to Terminate Service Form

### ACCOUNT INFORMATION

Customer Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

or

Federal Tax ID #: \_\_\_\_\_

Request Date to Terminate: \_\_\_\_\_

### MAILING FORWARDING ADDRESS

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

### CONTACT INFORMATION

Day Time Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

*I hereby request Peoples Water Service of Florida to terminate water service for the above referenced account and declare I am authorized to make this request.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please allow up to two business days for the Request to Terminate Service to be processed.