



Hernando County Utilities Department **SERVICE TERMINATION FORM**

PLEASE TURN SERVICE OFF AND TAKE THE
FINAL READING ON: _____,
Disconnection Date

at: _____
Property Service Address

ACCOUNT NUMBER: _____ - _____ LOCK METER
(Additional fee Maybe Required)

Name(s): _____
Please Print

NOTE: HERNANDO COUNTY UTILITIES DEPARTMENT DOES NOT FORWARD MAIL

Please send final bill/refund to: _____
Address *City*

State/ Prov. *Zip/Postal Code* (_____) - _____
Contact Phone Number

Check All that Apply

Agent Tenant Owner* SOLD SEASONAL
 DEMOLITION VACANT LOT REMOVE HYDRANT MTR

Signature _____ Date _____ Rep's initials _____

This form can be faxed to (352) 688-5012 – Spring Hill Office