

# TEMPORARY VACATION STATUS REQUEST

CITY OF FLORENCE

## DISCONTINUE SERVICE REQUEST FORM

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

I \_\_\_\_\_ REQUEST THAT THE SERVICE AS

REFERENCED ABOVE BE TURNED OFF \_\_\_\_/\_\_\_\_/\_\_\_\_. MY FORWARDING

ADDRESS WILL BE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARE YOU ON AUTOMATIC PAYMENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

SOLD: \_\_\_\_\_ TENANT: \_\_\_\_\_ OWNER: \_\_\_\_\_ PROP. MGMT: \_\_\_\_\_ ON VACATION: \_\_\_\_\_

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

Acct #: \_\_\_\_\_

Fee: \$10.00

**VACATION STATUS - RECOMMENCE SERVICE REQUEST**  
**WATER/SEWER/STORM WATER SERVICE APPLICATION**

CUSTOMER'S NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

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

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK #: \_\_\_\_\_

APPLICANT IS: OWNER \_\_\_\_\_ RENTER \_\_\_\_\_ MANAGER \_\_\_\_\_ LESSOR \_\_\_\_\_

LANDLORD'S NAME: \_\_\_\_\_

SERVICE IS: Residential Mobile Home Commercial Church Irrigation

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**PLEASE NOTE**

Applicant is responsible for providing the Water/Sewer Department with a correct mailing address. Persons presently receiving their mail "General Delivery" must notify us upon obtaining a post office box or having their mail delivered to their home address. Failure to notify us of change of mailing address will result in your service being disconnected until such information is provided. **WE ARE SET UP FOR AUTOMATIC PAYMENT FROM A CHECKING OR SAVING ACCOUNT.**

I hereby agree to abide by all rules, regulations, and ordinances of the City of Florence Water Utility, as now existing or as hereafter changed or amended, and that any delinquent water bills shall be and become a lien against said premises.

If return date unknown, leave blank.  
Call Utility Billing Clerk to notify one business day in advance of return to process your request to have water/sewer service available upon your return to Florence.

Signature of Applicant

Date Effective

**THE SIGNATURE OF THE ABOVE APPLICANT IS ACKNOWLEDGING THAT THEY WILL BE HELD RESPONSIBLE FOR ALL BILLS THAT ACCRUE, UNTIL A DISCONTINUE SERVICE FORM IS FILLED OUT, SIGNED AND RETURNED TO OUR OFFICE.**

METER NO.: \_\_\_\_\_ METER ID #: \_\_\_\_\_

WTR RATE: \_\_\_\_\_ SWR RATE: \_\_\_\_\_ METER SIZE \_\_\_\_\_ RT # \_\_\_\_\_ SEQ # \_\_\_\_\_

READING: \_\_\_\_\_ CUBIC FT: \_\_\_\_\_ GALLONS: \_\_\_\_\_

NEW CUSTOMER: \_\_\_\_\_ NEW SET: \_\_\_\_\_ TEMP SET: \_\_\_\_\_ HYDRANT: \_\_\_\_\_