



CITY OF COCONUT CREEK CLOSE WATER ACCOUNT FORM

Phone 954-973-6732 Fax 954-973-6754
City Hall 4800 West Copans Road, Coconut Creek, FL 33063

INSTRUCTIONS

1. Complete this form.
2. Include a copy of your driver's license.
3. Submit this form by mail, fax, or in person to City Hall.

CUSTOMER INFORMATION

Today's Date (MM/DD/YYYY): _____

Current Water Account Number: _____

Full Name (Required): _____

Driver's License Number: _____

Service Address (Address being disconnected): _____

SERVICE DISCONNECTION DETAILS

Requested Disconnection Date (MM/DD/YYYY): _____

Forwarding Mailing Address: _____

CONTACT INFORMATION

Cell Phone Number: _____

Alternate Contact Phone Number: _____

I acknowledge that a service charge will apply for disconnection of water service and that my deposit will be applied to my final bill.

By signing below, I acknowledge and agree with the above statement.

Signature

Signature: _____

Date (MM/DD/YYYY): _____