



# City of Apopka Termination of Service Form

Utility Billing Division  
150 East 5<sup>th</sup> Street, Apopka, FL 32703  
Phone: 407-703-1727 Fax: 407-703-1630  
Website: [www.apopka.net](http://www.apopka.net)

Submission Date: \_\_\_\_\_

## Application:

Please read and complete the information below for termination of service.

## Applicant Information:

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

Full Name: \_\_\_\_\_

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

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

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

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

**Date Service to be turned off:** \_\_\_\_\_

Please Note: City of Apopka Utilities requires a 24-hour notice of disconnect. Disconnections are only processed Monday through Friday (except holidays).

## Forwarding Address Information:

Full Name: \_\_\_\_\_

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

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

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

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

Phone Number: \_\_\_\_\_

## Release Information:

I hereby request that my service with City of Apopka Utilities be terminated on the date requested.

I understand If I need to change or extend the disconnection date, I must contact City of Apopka Utility Billing at 407-703-1727 at least one business day prior to the original request date.

I understand any deposit on my account will be applied to my final bill after the stated due date. Any amounts remaining will be refunded and a check mailed to the above forwarding address.

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