



City of Miramar  
 UTILITY BILLING DEPARTMENT  
 REQUEST TO CLOSE ACCOUNT

2300 CIVIC CENTER PLACE  
 MIRAMAR, FL 33025-6577  
 954-602-4357 PHONE  
 954-602-3650 FAX

[wbcustomerservice@miramarfl.gov](mailto:wbcustomerservice@miramarfl.gov)

**WATER AND/OR COMMERCIAL SANITATION ACCOUNT INFORMATION**

ACCOUNT #: \_\_\_\_\_ ACCOUNT NAME(S): \_\_\_\_\_  
 CID: \_\_\_\_\_

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

TELEPHONE #: \_\_\_\_\_

**OWNER FINAL BILL REQUIREMENTS**

DATE OF SALE: \_\_\_\_\_  
 (ATTACH PROOF OF SALE)  
 DATE VACATED: \_\_\_\_\_  
 (IF AFTER SALE DATE)

**ONE OF THE FOLLOWING MUST BE SUBMITTED WITH THIS FORM**  
 PLEASE CHECK ONE  CLOSING DISCLOSURE (**FULLY EXECUTED**)  
 SETTLEMENT STATEMENT (**FULLY EXECUTED**)  
 WARRANTY DEED/QUIT CLAIM DEED (**RECORDED**)  
 CERTIFICATE OF TITLE (**RECORDED**)

FORWARDING ADDRESS: \_\_\_\_\_  
 (TO MAIL REFUND CHECK AND/OR FINAL INVOICE)

**TENANT FINAL BILL REQUIREMENTS**

DATE VACATED: \_\_\_\_\_

LANDLORD'S SIGNATURE: \_\_\_\_\_  
 PRINT NAME: \_\_\_\_\_  
 (OWNER'S SIGNATURE OR FINAL\TRANSFER FPL BILL OR NEWLY EXECUTED LEASE\CLOSING DISCLOSURE REQUIRED)

FORWARDING ADDRESS: \_\_\_\_\_  
 (TO MAIL REFUND CHECK AND/OR FINAL INVOICE)

**ACKNOWLEDGEMENT OF CANCELLATION REQUEST**

**I understand a \$25 account termination fee will be charged on my final bill. I further understand the City shall close my account and I am responsible for all charges up to the date this document is received by the City. furthermore, I am aware, it can take up to 6 weeks before the final bill and refund check (if applicable) is mailed to the forwarding address.**

DATE SIGNED: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_

**OFFICE USE ONLY**

DATE REC'D: \_\_\_\_\_ REC'D BY: \_\_\_\_\_