



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

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 \$30 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: _____