



City of Miramar
 UTILITY BILLING DEPARTMENT
 REQUEST TO CLOSE ACCOUNT

2300 CIVIC CENTER PLACE
 MIRAMAR, FL 33025-6577
 954-602-3028 PHONE
 954-602-3650 FAX

wbcustomerservice@ci.miramar.fl.us

WATER AND/OR COMMERCIAL SANITATION ACCOUNT INFO

ACCOUNT #: _____ ACCOUNT NAME(S): _____

SERVICE ADDRESS: _____

TELEPHONE #: _____

OWNER FINAL BILL REQUIREMENTS

ONE OF THE FOLLOWING MUST BE SUBMITTED WITH THIS FORM

DATE OF SALE: _____
 (ATTACH PROOF OF SALE)

- PLEASE CHECK ONE
- SETTLEMENT STATEMENT (HUD 1) (SIGNED)
 - WARRANTY DEED (RECORDED)
 - QUIT CLAIM DEED (RECORDED)
 - CERTIFICATE OF TITLE

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

TENANT FINAL BILL REQUIREMENTS

DATE MOVED: _____

LANDLORD'S SIGNATURE: _____

PRINT NAME: _____

(OWNER'S SIGNATURE REQUIRED)

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

ADDITIONAL SERVICES

(PLEASE CHECK ALL THAT APPLIES)

COMMERCIAL SANITATION YES NO

If you have commercial sanitation, please submit a letter (on company's letterhead) requesting termination of service and we will forward it to Waste Pro.

DUAL NOTIFICATION YES NO

ACH PAYMENTS ACH DEBIT is automatically canceled after the final bill payment is processed

ACKNOWLEDGEMENT OF CANCELLATION REQUEST

DATE SIGNED: _____ PRINT NAME: _____

SIGNATURE: _____

OFFICE USE ONLY

DATE REC'D _____

WASTE PRO ACCT

REC'D BY _____

DATE LETTER FAXED: _____