

THE CITY OF
NEW PORT
RICHEY
FLORIDA

Discontinue Water/Sewer Services

Minimum Notice of 72 Business Hours Required

Date: _____ Account Number: _____

Account Holders Name: _____

Phone Number: _____ E-mail Address: _____

Service Address: _____

Landlord's Name (if renting): _____ Phone # _____

Date service is to be disconnected: _____

Authorized Signature: _____

A COPY OF YOUR PHOTO ID IS REQUIRED FOR ACCOUNT VERIFICATION

IMPORTANT INFORMATION REQUIRED BELOW

You are responsible for your Final Bill. The final amount due will be subtracted from any existing deposit on your account and the rest of the deposit (if any) will be mailed to you in the form of a check. Please list your forwarding address below.

Forwarding Address: _____

City: _____ State: _____ Zip Code: _____

PROPERTY SOLD OR FORECLOSED?

Please provide closing statement showing buyers name or Foreclosure Notice.

SEND REQUESTS TO: CITY OF NEW PORT RICHEY
5919 Main Street, New Port Richey Fl. 34652

Phone: (727) 853-1061 Fax: (727) 853-1245 E-Mail: ut_billing@cityofnewportrichey.org