



**REQUEST FOR TERMINATION OF SERVICE**

**Polk County Utilities**

Physical Address: 1011 JIM KEENE BLVD, WINTER HAVEN, FL 33880

Mailing Address: PO BOX 2019, BARTOW, FL 33831

Customer Service: (863) 298-4100 - Fax ( 8 6 3 ) 2 9 8 - 4 1 1 1

Email Signed Request for Termination of Service to: [Utilities@Polk-County.net](mailto:Utilities@Polk-County.net)

*Please read and complete the information below*

**Please Print Legibly**

Account #: \_\_\_\_\_ Service Address: \_\_\_\_\_

Date Service to be Turned Off: \_\_\_\_\_ **\*Polk County Utilities Must Have This Notice 24 Business Hours Before the Date Requested or Additional Fees will be Charged.**

**Forwarding Address Information:**

Account Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby request that my service with Polk County Utilities be terminated on the date requested. I understand my deposit will apply to my final bill. Any balance due/refunds will be mailed to the above address.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Signature is Required on this Application**