



75 N. 7th Street , P.O. Box 129, Eagle Lake, Florida 33839
City: (863) 293-4141 Fax: (863) 294-3590



DISCONNECTION FORM

To stop your utility service, please complete and submit this form via email, fax, or mail with a copy of your Photo ID. You are responsible for all charges until your account is closed. **Please allow two business days for processing.**

Required fields are marked with an asterisk ().*

Customer Information

Account Number: * (e.g. 1234567890) _____

Customer Name: * (as it appears on utility bill) _____

Social Security Number or Federal Tax ID*: _____

Phone Number: * _____ Were you the owner or tenant at this address? * ☐ Owner ☐ Tenant

Disconnection Date: * *Note: We require 48 hours' notice in order to schedule disconnects.
The service date must not fall on a holiday, or weekend.*

Month

Day

Year

Service Address

Street Address: * _____

City: * _____ State: * _____ Zip Code: * _____

Forwarding Address

Street Address: * _____

City: * _____ State: * _____ Zip Code: * _____

Signature

Date

Deposit Refunds and Final Billing: Deposits will be applied to your final bill. Final bills are generated and mailed approximately 1 week after your disconnect date. Utility deposit refunds will be refunded by mail, within 30 days of your disconnect date. Final bills that remain unpaid after 60 days, will be sent to a collection agency.

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