

Please complete this form and return to:

Manalapan Town Hall 600 So. Ocean Blvd. Manalapan, FL 33462

Phone: 561-383-2543 Fax: 561-585-9498

Email: utilities@manalapan.org

ACCOUNT TERMINATION FORM

Note: If termination of service is being requested due to the sale of the property, please submit a copy of the signed Warranty Deed. <u>All requests take effect the date received unless effective date is in the future</u>.

Please select one of the following:

	Sold Property	y	
	No Longer a	Tenant	
Account No.:	Customer No.:	Effective Date:	
Name(s) on Account:			
Service Address:			
Home Phone:	Cell Phone:	Email:	
Forwarding Address:		l	
City:	State:	Zip Code:	
Additional Comments:			
Signature of Account Holder/Agent:		Date:	
This for	m must be notarized in orde	er to process your reques	<u>st.</u>
STATE OF			
Subscribed and sworn to (or affirmed) before me this day of 201, by			
[] who is person	nally known to me or [] produ	iced	_ as identification.
Notary Public (Signature of Notary)	- (Sea	1)	
My Commission Expires:			