

City of Maitland's Termination Request

Please fill out the following information. To avoid collection procedures, please make sure your account is paid in full.

Today's Date _____ Effective Date _____

Account Number _____ Phone # _____

Service Address _____

Current Resident's Name _____

Forwarding Address _____

Current Amount Due Before Final Reading \$ _____.

If you Are/Were Renting

Owner's Name _____ Phone # _____

Owner's Address _____

If you Sold the Home

New Owner's Name _____

Date of Closing _____

Is this Property a Foreclosure?

Name of Financial Institution _____

Address of Financial Institution _____

*****Due to privacy laws, a driver's license, matching the person must be presented. If a real estate agent or attorney is responsible, a power of attorney can be accepted instead.***

Signature

UB Office Use Only

Application taken and reviewed by _____

Title Search Checked by: _____ Executed by _____ Date _____

rl: UB Forms ~ 12/2008 Updated 8/2010