



City of Green Cove Springs

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321 Walnut Street
Green Cove Springs, Florida 32043

DISCONNECTION OF UTILITY SERVICE REQUEST

Account Number: _____ Location Code: _____

I, _____ (print name) request my utility service (print address): _____ to be disconnected on (date) _____.

Forwarding Address is (Please Print):

Name: _____
Address: _____
City: _____
State & Zip Code: _____

You may contact me at (telephone No.) _____ OR (email address) _____ if there are any questions concerning this request.

Requested by: _____ Date: _____
(Signature)

Office Use Only:
Work Order No: _____ Initial: _____
Date: _____