City of Miramar
UTILITY BILLING DEPARTMENT

REQUEST TO CLOSE ACCOUNT

2300 CIVIC CENTER PLACE
MIRAMAR, FL 33025-6577
954-602-4357 PHONE
954-602-3650 FAX
wbcustomerservice@miramarfl.gov

WATER AND/OR COMMERCIAL SANITATION ACCOUNT INFORMATION

ACCOUNT #: _____
CID: _____

ACCOUNT NAME(S): _____
_____

SERVICE ADDRESS: _____
_____

TELEPHONE #: _____

OWNER FINAL BILL REQUIREMENTS

DATE OF SALE: _____
(ATTACH PROOF OF SALE)

DATE VACATED: _____
(IF AFTER SALE DATE)

ONE OF THE FOLLOWING MUST BE SUBMITTED WITH THIS FORM

PLEASE CHECK ONE
- ☐ CLOSING DISCLOSURE **(FULLY EXECUTED)**
- ☐ SETTLEMENT STATEMENT **(FULLY EXECUTED)**
- ☐ WARRANTY DEED/QUIT CLAIM DEED **(RECORDED)**
- ☐ CERTIFICATE OF TITLE **(RECORDED)**

FORWARDING ADDRESS:
(TO MAIL REFUND CHECK AND/OR FINAL INVOICE)
_____
_____

TENANT FINAL BILL REQUIREMENTS

DATE VACATED: _____

LANDLORD'S SIGNATURE: _____

PRINT NAME: _____

(OWNER'S SIGNATURE OR FINAL\TRANSFER FPL BILL OR NEWLY EXECUTED LEASE\CLOSING DISCLOSURE REQUIRED)

FORWARDING ADDRESS:
(TO MAIL REFUND CHECK AND/OR FINAL INVOICE)
_____
_____

ACKNOWLEDGEMENT OF CANCELLATION REQUEST

I understand a $35 account termination fee will be charged on my final bill. I further understand the City shall close my account and I am responsible for all charges up to the date this document is received by the City. furthermore, I am aware, it can take up to 6 weeks before the final bill and refund check (if applicable) is mailed to the forwarding address.

DATE SIGNED: _____

PRINT NAME: _____

SIGNATURE: _____

OFFICE USE ONLY

DATE REC'D: _____

REC'D BY: _____