

**CITY OF EDGEWATER
FINANCE DEPARTMENT**

104 North Riverside Drive
P.O. Box 100

Edgewater, Florida 32132

customerservice@cityofedgewater.org

Phone: (386) 424-2400

FAX: (386) 424-2409



**DISCONTINUANCE OF
RECLAIMED WATER SERVICE**

I, _____, Request the Reclaimed Water
Meter at _____, utility account
number _____ be turned off and service be
terminated as of _____.

I understand the monthly minimum (availability/ readiness to service charge) billing will stop as
of this date. If at any time I wish to have the Reclaimed Water Service reinstated at the above
address, I understand that all applicable service charges will need to be paid before service is
reconnected.

Owners Signature

Date

Witness

Date