

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



TENANT
CANCEL OR TRANSFER SERVICE

Date: _____

Account Number: _____

Requestor's Name: _____ Owner Tenant

Tenant's Name: _____

Property Address: _____

Please cancel service at the above address effective (Date): _____

- The final statement and/or deposit refund should be mailed to (New Mailing Address) or
- Transfer service to the new service address listed below effective (Date): _____
Note: Current account must be paid in full before transfer can be completed.

New Mailing Address or New Service Address:

Telephone Number: _____

Signature: _____

Driver's License Number: _____