



DEMOLITION Owners Request for Utility Disconnects

Applicant Services Division Office: (850) 891-7125
Mailing: 300 S Adams St., B-28 Fax: (850) 891-0948
Physical: 435 N Macomb St.
Tallahassee, Florida 32301 www.talgov.com

TBB # :

*******DO NOT COMPLETE THIS FORM IF YOU ARE NOT READY FOR DISCONNECTS TO BE MADE.*******

I, _____, hereby attest to **ownership of the utilities** for the property described below:

Parcel I.D. Number(s) _____

Location address: _____

for which a Demolition / Move permit application has been submitted to the Growth Management Department.

I am requesting that the Water Service meter: Remain Be Removed

I am requesting that the Sewer Locates be made by City of Tallahassee: Y / N **NOTE: ADDITIONAL COST ASSOCIATED**

I am requesting that the Sewer Capping be made by City of Tallahassee: Y / N **NOTE: ADDITIONAL COST ASSOCIATED**

Contact information for utility disconnect questions:

_____ Print Contact Name

_____ Contact Telephone Number

As the owner of the above-designated property I am requesting all utilities be disconnected and retracted for demolition/move of the structure.

_____ Signature of Owner

_____ Date

_____ Print Owners Name

_____ Owners Drivers License Number

The foregoing instrument was acknowledged before me by _____,

who is personally known to me or has produced _____,

as identification and who did not take an oath.

WITNESS my hand and official seal this _____ day of _____, A.D., 20_____.

_____ Notary Public Signature

_____ My Commission Expires

_____ Notary Public Seal