



DEPARTMENT OF PUBLIC WORKS
CITY OF HIALEAH, FLORIDA

DISCONNECTION FORM

Office: 305-556-3700 – Fax: 305-826-5039



CUSTOMER NUMBER: _____ **REFERENCE NUMBER:** _____

NAME ON WATER ACCOUNT: _____
(NOMBRE EN LA CUENTA DE AGUA)

DISCONNECTION ADDRESS: _____
(DIRECCION DE CANCELACION)

DATE OF DISCONNECTION: _____
(FECHA DE CANCELACION)

MAILING ADDRESS: _____
(DIRECCION DE CORRESPONDENCIA)

DRIVER LICENSE NO: _____
(NUMERO DE LA LICENCIA)

HOME TELEPHONE: _____ **WORK:** _____ **CELLULAR:** _____
(NUMERO DE TELEFONO DE LA CASA) (TRABAJO) (CELULAR)

PRESENT ADDRESS: _____
(NUEVA DIRECCION)

CUSTOMER EMAIL ADDRESS: _____ @ _____

CUSTOMER'S SIGNATURE: _____ **DATE:** _____
(FIRMA DEL CLIENTE) (FECHA)

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FOR OFFICE USE ONLY

CUSTOMER SERVICE REPRESENTATIVE: _____ **DATE:** _____