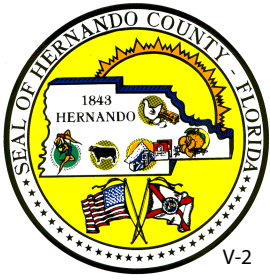


Seasonal Service Request Form



Service Address

Account Number

DATE EFFECTIVE:

Hernando County Utilities Department
7405 Forest Oaks Blvd.
Spring Hill, FL
United States
34606

Phone: 352-754-4037 Fax: 352-688-5012
HCUDCS@HERNANDOCOUNTY.US
<http://www.co.hernando.fl.us/utills/>

- | | | |
|--|---|--|
| <input type="checkbox"/> Service Suspension | <input type="checkbox"/> Water and/or Sewer | <input type="checkbox"/> Garbage Billing *** |
| <input type="checkbox"/> Service Re-Activation | <input type="checkbox"/> Water and/or Sewer | <input type="checkbox"/> Garbage Billing *** |

*** Garbage Billing:

Seasonal garbage billing suspensions take effect with the next upcoming billing cycle and require a **out-of-state** mailing address and a minimum of 3 months suspended service.

NOTE: Hernando County Utilities mail is **not** forwarded by the US Post Office.

Name(s):

Mailing Address:

Zip/Postal Code:

State/Province:

Telephone Number:

Email:

AUTHORIZATION FOR CUSTOMER ACCOUNT INFORMATION CHANGE:

I certify that I am the present account holder and as such am authorized to initiate the requested change. I acknowledge that this authorization is an amendment to the service contract with Hernando County Utilities.

Account Holder Signature

Date:

CS Rep Initials

For Billing Use Only: