



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