

Port of the Islands Community Improvement District

Water & Sewer

**Utility Service Termination Request**

Name(s) on Account: \_\_\_\_\_ Account Number \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Date Service is to End: \_\_\_\_\_ (Any deposit will be used against the final bill and the remainder, if any, will be mailed to the address below.)

**Service Address-** Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mailing Address/Final-** Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Submit by mail to Port of the Islands, Premier District Management, 3820 Colonial Blvd Suite 101, Fort Myers, FL 33966**

**\*\*\*Important Information\*\*\***

- I am requesting termination of utility service from Port of the Islands Water and Sewer Utility at the above address in my name. I agree to follow and abide by all rules for utility service and to pay charges in effect as stated on the final bill.
- I am also responsible for making sure that all faucets are turned off in the home. The District is not liable for damages caused by water faucets or outlets left on.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_