

St. Johns County Board of County Commissioners

Utility Department – Customer Service

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DISCONNECTION OF SERVICE

Date:	Account Number:			
Account Holder:				
Service Address:				
Date you would like service to	be disconnected:			
		• •		
Forwarding Address (Require	d):			
Street:		Apt. Number:		
City:		State:	Zip Code:	-
Primary Phone Number:	S	Secondary Phone Number:		
Email Address:				
Driver License Number:		Last Four Digits of Social Security Number:		
Signature of Account Holder				