

TDM # : _____

*******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

STATE OF _____

COUNTY OF _____

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

Notary Public Seal