

TBB #:_____

******DO NOT COMPLETE THIS FORM IF YOU ARE NOT READY FOR DISCONNECTS TO BE MADE.*****

I,, hereby attest to ownersl	nip of the utilities fo	or the property described below
Parcel I.D. Number(s)		
Location address:		
for which a Demolition / Move permit application has been submitted to the Gr	owth Management D	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: A	DDITIONAL COST ASSOCIAT
I am requresting that the Sewer Capping be made by City of Tallahassee:	Y / N NOTE: A	DDITIONAL COST ASSOCIAT
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 structure.	disconnected and re	etracted for demolition/move of
Signature of Owner		Date
Print Owners Name	Owners Drive	ers 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 F	Public Seal

Growth Management Department | Building Inspection Division | Phone: (850)891-7001, option 2 | Fax: (850)891-0948 Location: 435 N. Macomb Street, Tallahassee, FL 32301 | Mailing: 300 S. Adams Street B-28, Tallahassee, FL 32301