**TBB**#:\_\_\_\_\_

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

I,, hereby attest to <b>owner</b>	<b>ship of the utilities</b> fo	r the property described below:
Parcel I.D. Number(s)		
Location address:		,
for which a Demolition / Move permit application has been submitted to the C	Frowth Management D	epartment.
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: AI	DDITIONAL COST ASSOCIATE
I am requresting that the Sewer Capping be made by City of Tallahassee:	Y / N NOTE: AI	DDITIONAL COST ASSOCIATE
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 b structure.	e disconnected and re	tracted for demolition/move of t
Signature of Owner	Date	
Print Owners Name	Owners Drivers License Number	
STATE OF COUNTY OF	<u>.</u>	
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	

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