



## DISCONTINUANCE OF SERVICE

Today's Date: \_\_\_\_\_

I, \_\_\_\_\_, authorize Pace Water System, Inc. to terminate my service on this day, \_\_\_\_\_, 20\_\_\_\_, at the following address:

Street \_\_\_\_\_

City \_\_\_\_\_

\_\_\_\_\_  
Customer Signature

My forwarding address is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account # \_\_\_\_\_

Work Order # \_\_\_\_\_

4401 Woodbine Road  
Pace, Florida 32571  
(850) 994-5129 office  
(850) 994-6920 fax