

**CITY OF CAPE CANAVERAL**  
Reclaim Water Disconnect Request Form

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_  
Number and Street NameCityState

Phone Number: \_\_\_\_\_

Customer Type:     Property Owner     Renter

*Please be advised only the property owner has the ability to disconnect from reclaim service. If you are a renter, please provide the property owner's information below.*

Property Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

I do hereby affirm that I am the rightful property owner and I have the right to disconnect reclaim service at the above address and it is my request to no longer receive reclaim water for irrigation.

**I hereby acknowledge and agree to the above disconnect request:**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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**City Use Only:**

Date Disconnected from Service: \_\_\_\_\_ By Employee: \_\_\_\_\_

Sent to Finance on: \_\_\_\_\_

Cocoa Water Notified on: \_\_\_\_\_ By Employee: \_\_\_\_\_