VILLAGE OF TEQUESTA <u>DEMOLITION UTILITY SIGN-OFF AND VERIFICATION FORM</u>

ADDRESS OF STRUCTURE TO BE DEMOLISHED: LEGAL DESCRIPTION: OWNER'S NAME: OWNER'S ADDRESS:			
		CONTRACTOR AWARDED DEMOLITION/MOVING	S:
		PUBLIC UTILITIES	NATURAL GAS
		Account Number:	Account Number:
Water Meter Number:	Meter Number:		
Date of Disconnect:	Date of Disconnect:		
Sewer Disconnect Date:	Verification Signature:		
Verification Signature:			
FLORIDA POWER & LIGHT	NATURAL GAS		
Account Number:	Account Number:		
Meter Number:	Meter Number:		
Date of Disconnect:	Date of Disconnect:		
Verification Signature:	Verification Signature:		
TELEPHONE	CABLE TV		
Account Number:	Account Number:		
Date of Disconnect:	Date of Disconnect:		
Verification Signature:	Verification Signature:		

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