



UTILITY DEPARTMENT CUSTOMER SERVICE

E-PAY REMOVAL REQUEST FORM

MAILING ADDRESS

CITY OF SANFORD
POST OFFICE BOX 2847
SANFORD, FL 32772-2847

PHYSICAL ADDRESS

CITY HALL
300 NORTH PARK AVENUE
SANFORD, FL 32771-1244

TELEPHONE

407.688.5100

FACSIMILE

407.688.5114

CITY COMMISSION

LINDA KUHN
MAYOR

ART WOODRUFF
DISTRICT 1

DR. VELMA H. WILLIAMS
DISTRICT 2, VICE MAYOR

RANDY JONES
DISTRICT 3

JACK T. BRIDGES
DISTRICT 4

ROBERT (SHERMAN) YEHL
CITY MANAGER

City of Sanford Account Number

Address

Name on account

Phone number

Please remove my utilities account from the City of Sanford E-Pay program effective ____/____/____.

Signature

Date