City of Tamarac
Customer Service Division
7525 NW 88th Avenue, Room 102
Tamarac, FL 33321
Tel (954) 597-3590
Fax (954) 597-3595

FINAL BILL AND REFUND REQUEST

Account Number _____ — _____

Service Address _____

Phone Number _____ - _____

Mother's Maiden Name _____

Customer Name _____

Forwarding Address _____ Apt. _____

City _____ State _____ Zip+4 _____

Service Termination Date _____

Customer Signature _____

If this request is faxed or mailed, a two-day notice is required.

For Office Use Only

Work Order # (office use) _____

CS Representative (office use) _____