



Reactivation of Service Request

Date _____

Requestor name _____ Account # _____

Name on Account if different _____

If applicable, documentation must be provided proving you are allowed to re-activate service for the account holder.

Service address _____

Email address _____ Phone number _____

Requested turn on date _____

I understand that I have been billed base charges during my vacation shut off. I'm aware that I must pay any past due balance prior to the reactivation of service, failure to do so will delay the activation of service. I understand that a \$15 service fee will apply to my account upon activation.

Current Mailing Address _____

I certify that the above mailing address is where I would like my bill to be addressed. I understand that I am responsible for updating Brevard County with any address changes to ensure proper delivery of my bill. I am aware that Brevard County is not responsible for mailing delays and agree to pay any additional fees and/or penalties that applied due to failure of notification.

I certify that the information above is correct.

I _____ (proof of ID required) authorize Brevard County Utility Services Department to re-activate water service at the address listed above.

Signature _____ Date _____

Customer Service Offices

Barefoot Bay Water & Sewer
931 Barefoot Blvd, Suite 2
Barefoot Bay, FL 32976
Phone: 772-664-5916
Email: BFB.Billing@brevardfl.gov

North Brevard Water & Sewer
2262 High Dr.
Mims, FL 32754
Phone: 321-264-5130
Email: Mims.Billing@brevardfl.gov