



City of Winder

REQUEST FOR TURN -OFF OF UTILITY SERVICES

Only the person listed on the account must complete the form
and return it to the City of Winder's Customer Center
Fax 770-307-0424

Email: customerservice@cityofwinder.com

In person or by mail:
45 East Athens Street, Winder, Georgia 30680

Today's Date: _____ AIC

Customer Name: _____

Account Number: _____

Service Address: _____

Address to mail the Final bill to: Must be completed

Address: _____

City, State, Zip: _____

Home Phone _____ Cell Phone _____

Service(s) to be disconnected (please circle): Water Gas Both

Requested turn off date: _____

Print Name: _____

Signature: _____

For Office Use Only	
Service Order Number:	
Initial if account is finalized:	
Initial if mailing address is changed:	
Initial if phone number is changed:	