



# 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: [customer.service@cityofwinder.com](mailto:customer.service@cityofwinder.com)

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

Today's Date: \_\_\_\_\_

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:	