



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

Email: customer.service@cityofwinder.com

Fax 770-307-0424

In person @ 45 East Athens St. Winder, GA 30680

or by mail: PO Box 566 Winder, GA 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: _____

GARBAGE SERVICE (CIRCLE ONE)	
YES	NO
Initials of Staff Member who verified ID in Office	