



CITY OF WINDER
UTILITIES AVAILABILITY LETTER REQUEST

Project Name: _____

Project Address: _____

Parcel#: _____

Proposed Use: _____

Number of Units/Suites/Lots: _____

Applicant Name: _____

Applicant Address: _____

Phone #: _____ Email: _____

Signature of Applicant

Date

*Please send the completed request to samantha.mcdaniel@cityofwinder.com