



# Winchester Utilities Customer Cut-Off Request Form

Please complete this form and sign it to have services cut-off.

Today's date : \_\_\_\_\_

**Customer Information:**

Name \_\_\_\_\_

Street Address of Existing Service \_\_\_\_\_

City \_\_\_\_\_

**Contact Phone Information :**

Home# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Work# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Fax# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Forwarding Address:**

\_\_\_\_\_  
\_\_\_\_\_

EMAIL address : \_\_\_\_\_

Cut-Out Date (Date to cut-out services) \_\_\_\_\_

**Customer's Signature:** \_\_\_\_\_