



City of Winnsboro

Disconnect Service Form

Type of Service (Check One): Residential Service Commercial Service

Today's Date: _____ Disconnect Date: _____
Service Address: _____

Customer Information

Name: _____
Social Security #: _____-_____-_____

NEW Mailing Address: _____ City: _____ St: _____ Zip: _____

Phone #: (_____) _____-_____-_____ Alt #: (_____) _____-_____-_____

E-Mail: _____

I agree to be held responsible for a final bill less any applicable deposit which is due upon receipt. Unpaid balances are subject to being turned over to a collection services and will be a negative report to credit agencies. Future services will be denied until balance is paid. Credit balances will be refunded by check after final billing.

Signature: _____

For Office Use	
Date	Received by: