



COVINGTON PUBLIC WORKS/UTILITIES

UTILITY CUT-OFF FORM

Date: _____ Account Number: _____

Full Legal Name: _____

Address OF utilities being turned off:

Forwarding address:

Phone #: _____ Work #: _____

Date to turn off: _____

Ss#: _____ Date of birth: _____

Utilities wanting turned off:

Signature: _____

Signature of co-applicant:
