



# Covington Public Works/Utilities

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## UTILITY CUT-OFF FORM

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Address of Utilities being turned off: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work # \_\_\_\_\_ Date to turn off: \_\_\_\_\_

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Utilities Wanting Turned off \_\_\_\_\_

Signature: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_

Revised: October 29, 2013