



CITY OF WINSLOW  
AUTHORIZATION TO DISCONTINUE UTILITY SERVICE

CUSTOMER NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

DATE OF DISCONNECT: \_\_\_\_\_

FORWARDING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
CUSTOMER SIGNATURE

\_\_\_\_\_  
DATE

Fax# 928-289-3742

Email: sheila.nylund@ci.winslow.az.us

Address: City of Winslow

119 E. First St.

Winslow, AZ 86047

Please include copy of driver's license  
if you are disconnecting service.