



APPLICATION FOR UTILITY SERVICES

Applicant: _____
Last Name / Company First M.I. SSN #

Mailing Address: _____

Telephone: _____ Home / Cell Employer: _____ Phone: _____

Spouse: _____ Name SSN # Employer: _____

Previous Address: _____

Emergency Contact: Name: _____ Phone: _____

Combined Utility bills may be paid by Automatic Transfers from your bank account. If you would like to receive this service, please list the following:

Bank Name: _____ Routing # _____ Account # _____

Federal I.D. _____ Kentucky State Sales Tax Exemption/
Resale Certificate Number _____

I hereby make application for and authorize Winchester Municipal Utilities to provide applicable services requested at the following addresses. I agree to abide by all rules and regulations of Winchester Municipal Utilities. I hereby certify that I am at least 18 years of age. I agree that I will be responsible and liable for all charges against these accounts, including fees by collection agencies on delinquent accounts, and will make payment of all amounts due on or before due dates. I understand that false or misleading information will be just cause for discontinuance of utility service.

Customer Signature

Date

Please email completed form to CS4@wmutilities.com
Call 859-744-5434 for further instruction and a list of required documents.
You will be required to present your social security card and a photo ID before service can be activated.
We are happy to service you at our drive thru window at 150 N. Main Street between the hours of 7am - 4pm
Monday thru Friday.