



Town of Liberty
Phone: (336) 622-4276
Fax: (336) 622-2665

Email: townhall@townoflibertync.org

Welcome to Liberty!

TO BE COMPLETED BY TOWN HALL
Completed By: _____

Date: _____

Business Hours

Monday - Friday 9:00 a.m. to 5:00 p.m.

**For same day disconnection service please
turn in before 3:00 p.m.**

WATER/SEWER DISCONNECTION FORM

ACCOUNT INFORMATION

Resident's Name: _____

Cell Phone Number: (____) _____ Email: _____

One Of The Following Options Is Required For Processing:

Last 4 Of SSN: _____

Drivers License Number: _____

Disconnect Service Address (Not PO Box): _____ Liberty, NC 27298

Service Disconnection Date Requested: _____

Account Number: _____

Forwarding Address: _____

City: _____ State: _____ Zip Code: _____

Final Bill/Water Deposits

You will receive one last Final Bill after the account has been finalized; it will reflect your final reading.

If you have a water deposit, it will be applied to your Final Bill.

If there is any remaining balance after applying the deposit, it will be refunded to you in the form of a check.

Applicant Please Read & Sign

I understand that the information furnished on this application will be verified. By providing your social security number it will be used to facilitate collection of water, sewer, garbage, and property taxes or any other bills in the event you do not pay the bill voluntarily. Using the provided social security number will also allow the Town to claim payment on any unpaid bill from the NC Debt Setoff Program and or other collection methods necessary to satisfy any unpaid debt.

In accordance with Federal civil rights law, this institution is prohibited from discriminating based on race, color, national origin, age, disability, religion, sex, familial status, sexual orientation or reprisal.

Applicant's Signature: _____ Date: _____