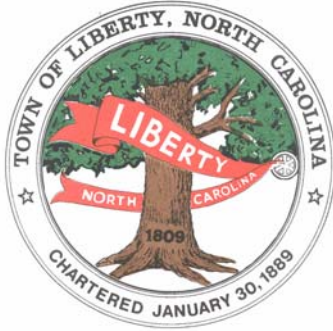


TOWN OF LIBERTY



Phone: (336) 622-4276 Fax: (336) 622-1890

TO BE COMPLETED BY TOWN HALL

Completed By: _____

Amount Paid: _____

Date: _____

Rt./Sequence: _____

Notes: _____

WATER/SEWER SERVICE APPLICATION

APPLICANT INFORMATION

Date Service Requested: _____

Occupant's Name: _____

Service Address (Not PO Box): _____

Mailing Address (If Different): _____

City: _____ State: _____ Zip Code: _____

Please indicate: Residential Apartment Retail Business
 Office Industrial

Nighttime Phone Number: (____) ____ - _____

Driver's License #: _____ State: _____

Employer: _____

Daytime Phone Number: (____) ____ - _____

IF YOU ARE NOT THE OWNER OF THIS PROPERTY, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Owner/Landlord: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Owner's Phone Number: (____) ____ - _____

Call Town Hall for deposit amount required (\$_____). Copy of your Rental or Lease Agreement.

SERVICE TERMINATION STATEMENT

(Applicant Please Read & Sign)

I, the undersigned, understand that pursuant to the authority granted to the Town of Liberty in Section 14-26 of the Town's Code of Ordinances that the town has the right to terminate service if I have not paid my account in full by the date specified on the utility bill.

Applicant's Signature: _____

Date: _____

Welcome to Liberty!