



TOWN OF LIBERTY WATER / SEWER CONNECTION FORM

Date: _____

Customer Name: _____

Customer Mailing Address: _____

Connection Location: _____

Type of Connection:

Meter Serial Number:

Water: _____

#: _____ *

#: _____ *

Sewer: _____

#: _____ *

Date Connection Made: _____ *

Connection Supervised By: _____ *

*** TO BE COMPLETED BY PUBLIC WORKS**