



Authorization to Disconnect Water/Sewer Service

Name on Account: _____

Date to Disconnect: _____

Service Address: _____

Forwarding Address: _____

Home Phone #: _____ Work Phone #: _____

Social Security: _____

Signature

Date

For Office Use Only:

Location#: _____

Acct #: _____

Final Reading at Disconnection: _____

Previous Billed Reading: _____

The information provided on this application may be used for the collection of delinquent utility and tax debts owed to the Town of Norwood through any means provided by NC State Statutes.