

Authorization to Disconnect Water/Sewer Service

Name on Account: _____

Service Address: _____

Date to Disconnect Service: _____

Please note: You will receive one (1) final bill after the Town of Norwood receives this disconnect form. Please list the forwarding address where your final bill can be mailed to.

Forwarding Mailing Address: _____

Phone #: _____ Social Security #: _____

Email: _____

Signature

Date

Disclosure of your Social Security/Federal ID Number is voluntary. Your Social Security/Federal ID Number may be used for the collection of utility debt and be shared with the NC Debt Setoff Program and/or third-party collector. The information provided on this disconnection form may be used for the collection of delinquent utility debt(s) owed to the Town of Norwood through any means provided by NC State Statues.

OFFICE USE ONLY

Account Number: _____ Date Received: _____

Date Entered: _____ Final Reading: _____

Forwarding Address Changed: Scanned: Rave:

Removed from Eye on Water: W/O placed: