



# Town of Warrenton Public Works

113 S Bragg St | PO Box 281  
Warrenton, NC 27589  
Office: (252) 257-3315 | Fax: (252) 257-9219  
warrenton.nc.gov

## Disconnect Authorization

Name \_\_\_\_\_

Forwarding Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Please be advised that, in the event of a deposit refund, a check will be issued and mailed to the address you have provided.

Service Address \_\_\_\_\_

By signing below, I grant authorization to the Town of Warrenton to disconnect services at the above address, effective

☐ immediately. ☐ on the specified date, \_\_\_\_\_.

Please select one of the following below:

☐ Set Account to Final

A final bill for the account will be calculated, and the deposit will be applied to the account balance. Any remaining deposit balance will be refunded to the account holder. Failure to pay any final balance due on this account will be reported to North Carolina Debt Setoff.

☐ Set Account to Inactive

Monthly billing will be suspended without closing the account. To be eligible for inactive status, the account must have no consumption charges pending billing and must carry a zero balance. Accounts that remain inactive for more than one year will be closed, and the deposit refunded.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Last 5 of SSN – required for verification purposes \_\_\_\_\_

### For Town of Warrenton Use Only

Uploaded to Account? ☐ Yes ☐ No

Set to Inactive Checklist:

Account Balance Zero? ☐ Yes ☐ No

Work Order Sent? ☐ Yes ☐ No

Unbilled Consumption? ☐ Yes ☐ No

Date Balance Paid \_\_\_\_\_

Received By \_\_\_\_\_

Billing Date \_\_\_\_\_

Date Set to Inactive \_\_\_\_\_

Meter Reading \_\_\_\_\_

Account Set to Final? ☐ Yes ☐ No

Completed by \_\_\_\_\_

Date Reading Entered \_\_\_\_\_

Date \_\_\_\_\_