Please **print** all information. Incomplete forms will delay the setup of your account.
You may return this form by mail to: PO Box 2082, Loganville, GA 30052
By fax to: 770-466-6355 or by email to: info@libertycm.com

Community Name

Owners Name

Owners Name

Property Address

Mailing Address

City State

Zip Code — Home Phone — —

Choose a Website password Cell Phone — —

Email

Email

In order to identify you are an authorized person to speak with on personal matters of your home account activity, please provide the following:

A security question: _____

Answer to your security question: _____

By providing this information, you are authorizing anyone that provides the above information, is authorized to speak on your behalf.

Do you rent your home? Yes ☐ No ☐ Please provide a copy of the current lease and complete the information below

Tenant Name

Tenant Name

Cell Number — —

Home Number — —

Email Address

Email Address