

Account #	
Deposit Amount	
Cash/Check/M.O. #	
Effective Date	
	Office Use Only

## 12060 Heath Street PO Box 371 Birch Run, MI 48415 Telephone: (989) 624-5711 Fax: (989) 624-9681

## **WATER/SEWER SERVICE APPLICATION**

(PLEASE PRINT) Applicant Name:			
(circle one) OWNER	RENTER	Landlord:	(If renter, please provide Landlord's name)
			(If renter, please provide Landlord's name)
Water/Sewer Service Type	e: Residential	C	ommercial
Service Address:			
Mailing Address:			
(if different than service a			
Previous Address:			
Driver's License # or Stat	te I.D. #:		
Email Address:			
Home Phone:		_ Alternate Phone:	
Emergency Contact:			
	(Name)		(Phone)
	PLEASE R	READ CAREFUL	<u>LY</u>
the water/sewer utilities not. I understand that October) and that paym water/sewer bill is not pme. In the event that m (February, May, Augus account status or contact	s at this service address and I am the water/sewer bills are sent of nent of the water/sewer bills are baid by the due date, penalties w my water/sewer bill goes unpaid, at and November). I understand	responsible for all rout quarterly (on the due at the end of the fill be applied to my my service will be it is my responsibility agree to abide by all	I certify that I am responsible for payment of minimum bills regardless if the water is used or e 1st working day of January, April, July and he billing month. I also understand that if my balance and a shut-off notice will be mailed to shut off on the 15th of month following billing lity to notify the Village of any changes in my applicable Village Ordinances and regulations
customer may qualify for 24 month period. Requ	or a full refund of their water/sevents for water/sewer deposit ref	wer deposit if certain unds must be made	the time the deposit is received, a residential n conditions have been met during the previous in writing and submitted to the Village Office. service with the Village of Birch Run.
CUSTOMER SIGNATURE:	·		
IIII I AGE EN COME COME	NA TUDE		(Date)
VILLAGE EMPLOYEE SIG	JNATUKE:		(Date)