



UTILITY SERVICE DISCONNECTION

Account Number (10 Digits): _____ (located on water/sewer bill)

Name: _____

Phone Number: _____ Alternate Phone: _____

Service Address: _____

Mailing Address (Your final bill will be mailed to this address):

_____	_____	_____	_____
Street	City	State	Zip

Final Meter Reading Date: _____

Do you own the property (circle one): YES Do you want to have the water shut-off? Y / N
NO **This form must be signed by the property owner.**

UNPAID BILLS ARE A LIEN ON THE PROPERTY.

FAILURE TO RECEIVE BILL DOES NOT WAIVE PENALTY.

I agree I am responsible for any damages to the property of the City of Grand Ledge caused by my negligence. I agree to promptly pay any water/sewer bills, along with any fees I may incur. I understand failure to make timely payment may result in the City of Grand Ledge using all means permitted by law to collect the debt.

_____	_____
Applicant Signature	Date

IF RENTAL PROPERTY

Property Owner's Name: _____

Property Owner's Address: _____

Property Owner's Phone Number: _____ Alternate Phone: _____

I agree to allow the City of Grand Ledge to remove the applicant's name from the water/sewer account for my property located at the above service address. I understand the City will place my name on the water/sewer account and I will be responsible for any and all charges associated with the account. I agree to pay any unpaid charges associated with the account, less any deposit paid by the applicant.

_____	_____
Property Owner's Signature	Date