



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: _____

PLEASE CHOOSE ONE OF THE FOLLOWING AS IT APPLIES:

- I own the property and am selling, moving, or other:
 - Do you want to have the water shut-off at the street (fees apply) Y / N
- I do not own the property (this form must be signed below by the property owner, if you are unable to obtain property owners signature, please contact the Utility Billing Clerk at 517-627-2149.)

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