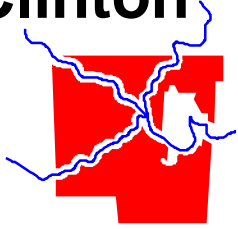


# Charter Township of Clinton



**OFFICERS:**

Robert J. Cannon  
Supervisor

Kim Meltzer  
Clerk

William J. Sowerby  
Treasurer

**TRUSTEES:**

Paul Gielegghem  
Kenneth Pearl

Dean J. Reynolds  
Jenifer "Joie" West

**DEPARTMENT OF PUBLIC SERVICES  
WATER & SEWER DIVISION**

**DIRECTOR**

Mary W. Bednar

**ASST. SUPERINTENDENT**

Chuck Bellmore

**CIVIC CENTER**

40700 Romeo Plank Road  
Clinton Twp., MI 48038-2900  
Phone: (586) 286-9300  
Fax: (586) 263-8022

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

Property Manager Name: \_\_\_\_\_

**OR**

Incoming Tenant Name: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_

Requested Mailing Address: \_\_\_\_\_

Effective Date: \_\_\_\_\_

As property owner of the above address, I authorize the Charter Township of Clinton to send the water billing for this service address to the mailing address shown above. I understand that residential billing will remain addressed to "Resident" in compliance with Federal regulation and Township policy unless I have indicated above that a business name be used.

I understand it is my responsibility to provide written notification to the Water Department when this information changes.

I understand that any water billing for the above service address is a lien against the property and, in accordance with Township Ordinance 1042.02 (c)(5), is subject to tax roll should the account become delinquent. The above named

\_\_\_\_\_ Tenant/Manager **WILL** have permission to schedule water Turn On/Off.

\_\_\_\_\_ Tenant/Manager **WILL NOT** have permission to schedule water Turn On/Off.

***(excludes emergency situations)***

Signed: \_\_\_\_\_

\_\_\_\_\_  
(printed name – property owner)

\_\_\_\_\_  
(phone number)

\_\_\_\_\_  
(property owner's address)

\_\_\_\_\_  
(owner's business name  
-where applicable)