



# City of Reed City

227 E. Lincoln Ave. Reed City, MI,  
Phone (231) 832-2245 Fax (231) 832-9166  
Website: reedcity.org

## REQUEST FOR WATER AND/OR SEWER SERVICES BY PROPERTY OWNER/LANDLORD

I/We the undersigned state, I/we am/are the legal owner(s) of the property listed below. I/We am/are requesting that certain City services (water and/or sewer), be provided to the following individual(s):

Name(s): \_\_\_\_\_

At the following address: \_\_\_\_\_

Billing address (if different from above): \_\_\_\_\_

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

\_\_\_\_\_ The billings shall be made to me/us and I/we will be responsible to pay the bills.

\_\_\_\_\_ The billings shall be made to the above individuals; however,

I/We understand that I/we am/are responsible for any charges for the above listed utilities, if said individual(s) fail(s) to pay. If the account falls delinquent, the City reserves the right to set-up a payment plan with the tenant without permission from the property owner. If the account is not paid pursuant to the City Code, said amounts may be applied as a lien on said premises by the City of Reed City, per Chapter 23 Water and Sewer Rates. Title II Utilities and Service, Section 2.119 of the City Code. The City is not responsible to notify the owner of any delinquency. The owner of the property can contact the City at any time and check the status/balance of an account. The City reserves the right to require a deposit on any account or individual we are providing services to if it is deemed in the best interest of the City.

OWNER(S) SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

OWNER(S) SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ HOME \_\_\_\_\_ CELL \_\_\_\_\_

OWNER'S EMAIL ADDRESS: \_\_\_\_\_

WITNESS: \_\_\_\_\_

### TENANT INFORMATION

**NOTICE:** The transfer of billing from owner to tenant cannot be finalized until the Tenant has verified their identity by producing a Driver's License/Picture ID for all individuals listed on the account

Tenant Name/s (Printed) \_\_\_\_\_

Tenant Phone/Cell# \_\_\_\_\_

Identity Verification by City \_\_\_\_\_ [city employee initials/ date]

\_\_\_\_\_ "An ideal community in which to work and live"  
"This institution is an equal opportunity provider"