## VILLAGE OF OTISVILLE

## DEPARTMENT OF PUBLIC WORK

PO Box 6

Otisville, Michigan 48463-0006 Office (810) 631-4680 Fax (810) 631-4796

## APPLICATION FOR WATER & SEWER SERVICE

Service Address:			
Name of Applicant:			
Name on Account:		Tel: ()	
Mailing Address:			
Street:	City:	State: Zip:	
Property Ownership: (check one)			
[] I own the Property: [] I'm purchasing the property on a land contract [] I'm Purchasing the property on a land contract [] I'm Renting the Property		•	
Name of Property Owner: (If other than the na	ame on the account)		
Mailing Address:	City:	State: Zip:	-
Service Requested: (check one & comple	te)		
[] Turn the water off and take the service out of [] Turn the water on and put the service it in my [] I wish to make my tenant responsible for all p	name on (date):		
New customers will be charged a water "turn of setting up a new account. Customers receiving the employees read meters and turn water services of the Village cannot guarantee turn on & turn off of the village cannot guarantee turn on turn off of the village cannot guarantee turn on turn off of the village cannot guarantee turn on turn off of the village cannot guarantee turn on turn off of the village cannot guarantee turn on the village cannot guarantee turn on turn of the village cannot guarantee turn on the village canno	heir final bill will be charge on and off Monday through	s an \$25.00 "administrative fee" ed \$25.00 for a "turn off fee". D.P. Fridays from 8:00 a.m. to 3:30 p. foreseen problems that arise.	.W.
Customer's Signature:  (I have read and acknowledge the above statements)	atement and certify the info	Date: ormation I have given is correct)	×
FOR V	TLLAGE USE ONLY		
Customer Account No.:			
Service Requested: [] Turn Service Off	[] Turn Service On	[] Read Water Meter	
Work Order No. : Date that	Meter was Read :		
Meter Reading:	Employe	e's Initial:	