NEW MAILING ADDRESS CHANGE AUTHORIZATION

PARCEL NUMBER: 28 - _____ - _____ - _____ - _____ - _____

ACCOUNT # _____ - _____ - _____ - _____

PROPERTY OWNER: _____
(FIRST NAME) (LAST NAME)

PROPERTY ADDRESS: _____
(ADDRESS) (CITY, STATE & ZIP)

NEW MAILING ADDRESS FOR THE ABOVE PROPERTY:

_____
(ADDRESS) (CITY, STATE & ZIP)

PLEASE CHECK ALL DEPARTMENTS THAT YOU WOULD LIKE APPLIED TO THE NEW MAILING ADDRESS:

☐ **TREASURY** (Property Tax Bills)
☐ **ASSESSING** (Property Value Assessments)
☐ **WATER/SEWER** (Billing)
☐ **CLERK** (Elections)

Comments:_____
_____
_____
_____

I UNDERSTAND THAT AS THE PROPERTY OWNER I AM ULTIMATELY RESPONSIBLE FOR ALL WATER/SEWER UTILITY PAYMENTS INCLUDING ANY CURRENT BALANCES. ALL ACCOUNTS NEED TO BE CURRENT FOR CONTINUED SERVICE.

_____ _____ _____
OWNER SIGNATURE **PHONE NUMBER** **DATE**

PAPERLESS BILLING? (Available for Water/Sewer Billing ONLY) ☐ **YES** ☐ **NO**

EMAIL ADDRESS: _____

We offer "Direct Debit" as a payment option.
Please contact our *Utility Billing* department for more information

PLEASE RETURN THIS FORM WITH A COPY OF YOUR PHOTO I.D.

249 N Miller Rd. ♦ Saginaw, MI 48609 ♦ PH: 989.781.0150 ♦ FAX: 989.781.0290
Email: WATERSEWER@THOMASTWPMI.GOV