NEW OWNER UTILITY BILLING TRANSFER AUTHORIZATION

NEW PROPERTY OWNER NAME: FIRST _____LAST _____

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

MAILING ADDRESS (IF DIFFEERENT FROM PROPERTY ADDRESS):

_____
(ADDRESS) (CITY, STATE & ZIP)

PHONE: (_____)_____

EMAIL: _____

PAPERLESS BILLING: ☐ **YES** ☐ **NO**

ASSUME RESPONSIBILITY FOR UTILITIES AS OF: _____
(DATE)

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

_____ _____
OWNER SIGNATURE **DATE**

NEW TO THOMAS TWP? ☐ **YES** ☐ **NO**

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

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

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