



9765 Maple Street / P.O. Box 366 / Bridgman, MI 49106 / Tel: 269•465•5144 / Fax: 269•465•3701

PLEASE PRINT

DATE: _____

RENTAL PROPERTY ADDRESS: _____

PROPERTY OWNER: _____

PROPERTY OWNER ADDRESS: _____

PROPERTY OWNER PHONE #: _____

I RECOGNIZE THE WATER/SEWER UTILITY SERVICE WILL REMAIN IN MY NAME. I ELECT TO HAVE THE BILL SENT C/O OF MY TENANT AS INDICATED BELOW.

EFFECTIVE DATE: _____

NAME: _____

ADDRESS: _____

PHONE: (_____) _____

SIGNATURE OF PROPERTY OWNER DATE: _____

SIGNATURE OF TENANT DATE: _____