



### UTILITY SERVICE DISCONNECTION

Account Number (10 Digits): \_\_\_\_\_ (located on water/sewer bill)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address (Your final bill will be mailed to this address):

_____	_____	_____	_____
Street	City	State	Zip

Final Meter Reading Date: \_\_\_\_\_

**PLEASE CHOOSE ONE OF THE FOLLOWING AS IT APPLIES:**

- I own the property and am selling, moving, or other:
  - Do you want to have the water shut-off at the street (fees apply)      Y / N
- I do not own the property (this form must be signed below by the property owner)

**UNPAID BILLS ARE A LIEN ON THE PROPERTY.**

**FAILURE TO RECEIVE BILL DOES NOT WAIVE PENALTY.**

I agree I am responsible for any damages to the property of the City of Grand Ledge caused by my negligence. I agree to promptly pay any water/sewer bills, along with any fees I may incur. I understand failure to make timely payment may result in the City of Grand Ledge using all means permitted by law to collect the debt.

_____	_____
Applicant Signature	Date

**IF RENTAL PROPERTY**

Property Owner's Name: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

Property Owner's Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

I agree to allow the City of Grand Ledge to remove the applicant's name from the water/sewer account for my property located at the above service address. I understand the City will place my name on the water/sewer account and I will be responsible for any and all charges associated with the account. I agree to pay any unpaid charges associated with the account, less any deposit paid by the applicant.

_____	_____
Property Owner's Signature	Date