

CITY OF ST JOHNS—WATER DEPARTMENT
100 E STATE STREET, PO BOX 477
ST JOHNS MI 48879
PH: 989-224-8944 FAX: 989-224-2204

ACCOUNT NUMBER: _____ TAX ID: _____

SERVICE ADDRESS: _____

REQUESTED ACTION: TRANSFER OF ACCOUNT

CURRENT NAME ON ACCOUNT: _____

PERSON/ENTITY REQUESTING TRANSFER: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

CONTACT PH#: _____ OR _____

TRANSFER OF ACCOUNT EFFECTIVE BEGINNING: _____, 201__

EMAIL: _____ (Optional)

(You may sign up to receive your water/sewer bill by email. This would eliminate receiving a bill in the mail. If your email changes, it will be your responsibility to notify the City.)

I understand that by establishing this City of St. Johns Water/Sewer account in my name, or as authorized representative for the above-named entity, I am legally responsible for all charges/services rendered to the service address from the date service commences until final billing. I also acknowledge that prior unpaid balances may appear on billing statements sent to the billing address.

DATE: _____

Signature of person requesting service

(CIRCLE ONE)

OWNER RENTER AGENT POA

CURRENT AMOUNT OWING ON ACCOUNT: \$ _____ AS OF _____

(Please note, dollar amount stays on the account and does not transfer)

Employee Signature