

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

ACCT NO.: _____ TAX ID #: _____

SERVICE ADDRESS: _____

REQUESTED ACTION: 1) TURN-ON 2) TURN-OFF 3) FINAL

APPOINTMENT DATE/TIME FOR REQUESTED ACTION: _____

NAME CURRENTLY ON ACCOUNT: _____

PERSON REQUESTING SERVICE: _____

CONTACT PH#: _____ IS PREMISES OCCUPIED? YES ___ NO ___

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.)

NAME/MAILING ADDRESS/TELEPHONE FOR FINAL BILL IS:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ PH: _____

AMOUNT OWING ON ACCOUNT: \$ _____ AS OF _____

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

DATE: _____

Signature of person requesting service

(circle one)

OWNER RENTER AGENT POA

BEGIN READING _____ END READING _____ WO ORDER # _____

Employee Signature