



200 S. Main Street, Ewart, MI
Phone (231) 734-2181 Fax (231) 734-3917
www.ewart.org

REQUEST FOR WATER AND/OR SEWER SERVICES
BY PROPERTY OWNER/LANDLORD

I/We the undersigned state, I/we am/are the legal owner(s) of the property listed below. I/We am/are requesting that certain City services (water and/or sewer), be provided to the following individual(s):

Name(s): _____

At the following address: _____

Billing Address (if different from above): _____

Effective Date: _____

_____ The billings shall be made to me/us and I/we will be responsible to pay the bills.

_____ The billings shall be made to the above individuals; however,

I/We understand that I/we am/are responsible for any charges for the above listed utilities, if said individual(s) fail(s) to pay. If the account falls delinquent, the City reserves the right to set-up a payment plan with the tenant without permission from the property owner. If the account is not paid pursuant to the City Code, said amounts may be applied as a lien on said premises by the City of Ewart, part (o) Liens, Section 1044.06, Other Charges and Fees, Chapter 1044 of the City Code. The City is not responsible to notify the owner of any delinquency. The owner of the property can contact the City at any time and check the status/balance of an account. The City reserves the right to require a deposit on any account or individual we are providing services to if it is deemed in the best interest of the City.

OWNER(s) SIGNATURE: _____ Date: _____

OWNER(s) SIGNATURE: _____ Date: _____

PHONE NUMBER: _____ OWNER'S EMAIL: _____

TENANT INFORMATION

Tenant Name/s (Printed) _____

Tenant Phone _____

Attach a Copy of Driver's License/Picture ID for all individuals listed on the account.

For Office Use Only:
Application Received By: _____
Date: _____