



UTILITY BILLING
OWNER INFORMATION FORM

Service Address: _____

Application is hereby made by current owner, for Water and/or Sewer Service as described above in accordance with applicable City Ordinances. It is hereby expressly understood that if Water and/or Sewer Service Charges or any part thereof are not paid when due, the service will be discontinued.

Applicant is aware that any outstanding balances at this address will remain with the property and if left unpaid after six (6) months will be assessed to the property. If water is currently off, contact our office to determine what is needed to reinstate service.

Owner Name: _____

SSN/Tax ID# _____

Billing Address: (future bills) _____

City, State, Zip: _____

Phone: _____ Email Address: _____

Date of Possession: _____ Is property occupied by owner? (Yes or No): _____
If NO, please register with Inspections on the 3rd Floor

Please Circle: Commercial or Residential Number of Units: _____

Please provide a Photo ID with your application. Submit to Utility Billing 11th Floor, 161 W. Michigan Ave, Jackson, Michigan 49201, waterbilling@cityofjackson.org or via drop box in front of City Hall.

Signature: _____
Property Owner Date

Print Name: _____

OFFICE USE ONLY: Driver's License: ___ State Issued Photo ID: ___ Passport: ___ Military ID: ___

Verified / Initial & Date: _____