

CITY OF ST. IGNACE WATER DEPARTMENT
396 N State St
St. Ignace, MI 49781
(906) 643-7451
(906) 643-9393 Fax

LANDLORD / TENANT

APPLICATION FOR WATER/SEWER SERVICE

APPLICATION is hereby made to the City of St Ignace, Michigan on this

____ Day of _____, ____ for the address of: _____

Such service to be furnished by the City of St. Ignace and to be used and paid for by the Property Owner/Landlord in accordance with the Ordinance of the City.

Bill is due the 20th of the month. If payment is not made, you are subject to disconnect. If service is disconnected, a reconnect fee and the total outstanding amount due on the account will be collected before service is restored.

Tenant Name: _____

Move in Date of Tenant: _____

Landlord Name: _____

Landlord Signature: _____

Please check the following items you would like to receive:

Tenant Monthly Bills

Shut Off Notice

Landlord Mailing Address: _____

Landlord Phone Number: _____