

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

**APPLICATION FOR COMMERCIAL 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 said City and to be used and paid for by the Applicant in accordance with the Ordinance of said City in such case made and provided such service to continue until notice in writing is furnished to the said City.  
Bill is due the 20<sup>th</sup> of the month. If payment is not made, you are subject to disconnect. If service is disconnected a fee of \$60.00 and total amount due will be collected before service is restored.

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**Signature**

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**Print Name**

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**Name on Account**

**Mailing Address:** \_\_\_\_\_

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**Phone Number:** \_\_\_\_\_

**Date to Start Account:** \_\_\_\_\_

**This form must be completed and returned prior to receiving a meter.**

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