

TOWNSHIP OF OGEMAW
NEW WATER SERVICE APPLICATION

Please Complete the Following Questions and Return to the Clerk or Supervisor When Completed

TO APPLY FOR SERVICE YOU MUST:

- **Be the Responsible Bill Payee, the Bin Payee's Spouse or Legally Authorized Agent, or the Administrator of the Estate.**
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1. Name to go on account _____

2. Address where you need water service in your name _____

3. Address to where you want the bills mailed (if different from above) _____

(City) _____ (State) _____ (Zip Code) _____

4. Permanent Address (if student) _____

(City) _____ (State) _____ (Zip Code) _____

5. Is the water currently **ON** or **OFF**

6. (A) Date you would like service to take place (**At least two [2] business days required**) _____

(B) Time of Service: **7:30-11:30AM** or **12-4 PM**

(C) We must have access to the main water meter or the water will not be turned on. If the water is currently on and we do not have access, the water will then be shut off. In either case we will not make a second trip back to the property on the same day.

7. Drivers License or MI ID number _____

8. Social Security number _____

9. Have you ever had water service in your name before with Township of Ogemaw? **YES** or **NO**

If yes, what is the *most* recent address that was in your name? _____

10. If you presently have water service in your name, do you wish to continue? **YES** or **NO**

If yes, you will be responsible for the bills until you cancel the service.

11. Place of employment _____

12. Phone number(s) _____
(Home) _____ (Work) _____

13. Amount quoted when you contacted our office \$ _____

IF THE STRUCTURE HAS NO HEAT, THE WATER WILL NOT BE TURNED ON!

SIGNATURE _____

Date _____

FOR OFFICE USE ONLY

Today's Date _____
Type of order _____
Someone Home _____

Account # _____
Date & Time of Order _____
Signed released: Key _____

Order number _____
Customer History Card _____
Open Door _____