

Email Completed Form To: info@uniontownshipmi.com

UTILITY ACCOUNT - CHANGE FORM

*** REQUIRED - REASON FOR CHANGE***

MOVE IN: MOVE OUT:
 TURN ON: TURN OFF: ACH CHANGE:
 CHANGE IN BILLING INFORMATION: EFFECTIVE DATE: _____

APPLICANT INFORMATION

****REQUIRED** - Information must be fully completed in order to process request.**

TODAY'S DATE: _____ PHONE: _____
 ACCOUNT #: _____ EMAIL: _____
 SERVICE ADDRESS: _____
 PROPERTY OWNER: TENANT: PROPERTY MGR/REP:

Signature: _____

PLEASE SELECT CHANGE OPTIONS BELOW (1-4)

1. NAME/BILLING ADDRESS CHANGE

CURRENT NAME/ADDRESS	NEW NAME/ADDRESS(**REQUIRED**)
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
_____	_____

2. FINAL BILL REQUEST (MOVE IN/MOVE OUT)

Final bill request - Water meter will be read, and a bill calculated based on either the date of request/receipt
 Postmarks are not accepted, and requests cannot be backdated

Sewer only accounts - Will be pro-rated based on either the date of request/receipt

COMPLETE FINAL BILL: [\$85.00 Charge]

Water and sewer bills are billed on a quarterly basis and are billed based on the meter reading/property and not by the occupant. If you need the meter read and a bill sent to previous owner/occupant indicate by checking COMPLETE FINAL BILL to the left.

MAIL FINAL BILL TO: _____

3. SERVICE REQUEST (ON/OFF)

TURN WATER ON: [\$49.00 Charge] TURN WATER OFF: [\$49.00 Charge]

PLEASE ALLOW 48 HOUR NOTICE FOR NON-EMERGENCY REQUESTS. AFTER HOURS EMERGENCY SERVICE [\$214.00 CHARGE /EACH]

4. CANCEL CURRENT AUTOMATIC PAYMENT (ACH) - YES (REQUIRED TO CHECK YES IF YOU WISH TO CANCEL CURRENT ACH)



United States Department of Agriculture

Data Collection

Dear Charter Township of Union Water and Sewer Customer:

Charter Township of Union is required to collect and report data annually as part of the Rural Development program, a federally funded loan program. Listed below is the data we are to collect from our water and sewer customers, as well as the required disclosure statement.

Please take the time to complete the questions at the bottom of the form, sign and date, and return it to Charter Township of Union. If you wish not to provide this information, please check the appropriate line and return the form.

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race, ethnicity and sex of applicants on the basis of visual observation or surname.

___ I do not wish to furnish this information

Ethnicity:

___ Hispanic or Latino

___ Not Hispanic or Latino

Race: (Mark all that apply)

___ White

___ Black or African American

___ American Indian or Alaska Native

___ Asian

___ Native Hawaiian or other Pacific Islander

Sex:

___ Male

___ Female

The Charter Township of Union is an equal opportunity provider.