

City of Hastings

COUNTY OF BARRY, STATE OF MICHIGAN

Utility Billing Request for New Account

Current Date: _____

Billing Transfer Date: _____

Service Address: _____

Account Number: _____

Customer Information:

Owner

Renter

Customer Name: _____

Mailing Address: _____

Telephone Number: _____

Landlord Name: _____

Picture Identification Required:

Type of ID: _____

Verified By: _____ Date: _____

Certification:

I certify that all information contained in this form is true and complete.

Customer Signature: _____

Date: _____

Utility Billing Request for Account Termination

Current Date: _____

Requested Effective Date: _____

Service Address: _____

Account Number: _____

Service is currently: OFF

ON

Final Read Requested: YES

NO (Name Change Only)

Customer Information:

Customer Name: _____

Forwarding Address: _____

Phone Number: _____

Final Requested By: _____

Turn Service Off: YES

NO

NOTES: _____

