

# 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

### Customer Information:

Customer Name: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

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

Final Requested By: \_\_\_\_\_

**Turn Service Off:**       YES       NO

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_