

249 N MILLER SAGINAW, MI 48609 PH: 989.781.0150 FAX: 989.781.0290 EMAIL: <u>WATERSEWER@THOMASTWP.ORG</u>

NEW MAILING ADDRESS CHANGE AUTHORIZATION

PARCEL NUMBER: 28					
ACCOUNT #					
PROPERTY OWNER:	(FIRST NAME)	(LAST NAME)		
PROPERTY ADDRESS:	(ADDRESS)	(CITY, STATE & ZIP)		
NEW MAILING ADDRE	ESS FOR THE ABOVE PROPE	RTY:			
	(ADDRESS)		(CITY, STATE & ZIP)		
PLEASE CHECK ALL DE	PARTMENTS THAT YOU WO	OULD LIKE APPLIED	TO THE NEW M	AILING ADDRE	ESS:
TREASURY (Property Tax Bills)			omments:		
ASSESSING (Prope	rty Value Assessments)				
WATER/SEWER (B	illing)	_			
CLERK (Elections)					
I UNDERSTAND THAT AS THE PROPERTY OWNER I AM ULTIMATELY RESPONSIBLE FOR ALL WATER/SEWER UTILITY PAYMENTS INCLUDING ANY CURRENT BALANCES. ALL ACCOUNTS NEED TO BE CURRENT FOR CONTINUED SERVICE.					
OWNER SIGNATURE		PHON	E NUMBER		DATE
	(Available for Water/Sewe		YES	🗌 NO	
EMAIL ADDRESS:					

We offer "Direct Debit" as a payment option. Please see our Utility Billing department for more information

PLEASE RETURN THIS FORM WITH A COPY OF YOUR PHOTO I.D.