



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

NAME CHANGE ONLY UTILITY BILLING AUTHORIZATION

PROPERTY OWNER: _____
(FIRST NAME) (LAST NAME)

PROPERTY ADDRESS: _____
(ADDRESS) (CITY, STATE & ZIP)

WOULD LIKE MY NAME CHANGED TO: _____
(FIRST NAME) (LAST NAME)

I UNDERSTAND THAT AS THE PROPERTY OWNER I AM ULTIMATELY RESPONSIBLE FOR ALL UTILITY PAYMENTS INCLUDING ANY CURRENT BALANCES. ALL ACCOUNTS NEED TO BE CURRENT FOR CONTINUED SERVICE.

OWNER SIGNATURE PHONE NUMBER DATE

PAPERLESS BILLING? 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.