



249 N. Miller Road
Saginaw, Michigan 48609
Email: watersewer@thomastwp.org

Office (989) 781-0150
Fax (989) 781-0290

**AUTHORIZATION FOR UTILITY BILLING TO BE TRANSFERRED TO
NEW OWNER**

PLEASE PRINT

I, _____, AM THE NEW OWNER OF
(YOUR NAME)

PROPERTY LOCATED AT _____
(ADDRESS) (CITY/STATE/ZIP)

AND ASSUME THE RESPONSIBILITY FOR THE UTILITIES AS OF _____.
(DATE)

PLEASE MAIL UTILITY BILLS FOR THE ABOVE PROPERTY TO THE FOLLOWING ADDRESS:

(ADDRESS) (CITY) (STATE) (ZIP CODE)

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

NEW OWNER PHONE DATE

****NEW TO TOWNSHIP? YES NO**
Please return with a photo copy of your I.D.

EMAIL _____
(ENTER EMAIL IF YOU WOULD LIKE BILLS EMAILED TO YOU)