



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 MAILED TO
PROPERTY RENTER**

PLEASE PRINT

I, _____, OWNER OF PROPERTY LOCATED AT
(OWNER'S NAME)

(ADDRESS) (CITY/STATE/ZIP)

AUTHORIZE THOMAS TOWNSHIP TO MAIL THE WATER/SEWER UTILITY BILLS

TO THE RENTER _____ EFFECTIVE _____
(RENTER'S NAME) (DATE)

FORWARDING ADDRESS FOR FINAL BILL:

(ADDRESS) (CITY/STATE/ZIP)

**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.**

OWNER SIGNATURE PHONE

Please return completed form with a copy of your photo I.D.

OWNER'S EMAIL

OWNER INFORMATION:

PLEASE PRINT:

YOUR MAILING ADDRESS:

ADDRESS

CITY STATE ZIP

PHONE DATE