



117 S. Main St.
P.O. Box 367

WATER/SEWER DEPARTMENT

Phone: 269 749-4961

Fax: 269 749-2034

Service Request Form

Account #:

I request that water service be: (Please check all that apply and provide date of action.)

Turned-on: Date ; Transferred to my name out of my name - on: Date

Final meter read (approved by DPW):

Service Address:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Name:

Phone #: ()

DOB:

Email Address:

DLN # :

Driver's License verified: by (Employee initials):

There is a \$20.00 **RED FLAG FEE** for all new customers. (Contact City Hall for information about this fee.)

Date Paid: _____

Signature: _____