

Burt Township Water Department

PO Box 430, Grand Marais, MI 49839

Change of Ownership or Resident (Full Time Renter) And Billing Information

Property Information - required information

Effective Date of Change: _____ Reason for Change: _____ Sold _____ Other
(Circle One) Land Contract Rental
Mortgage Foreclosure

Property/Parcel Number: _____
Physical 911 Number and Street Name: _____
Is property a business: _____ Yes _____ No
If yes, what type (circle one): Retail Restaurant Bar Other: _____
Public Restrooms: _____ Yes _____ No

Previous Owner/Resident Information - for change in ownership

Name: _____
Address: _____
City/State/Zip: _____

New Owner or Resident Information & Billing Address Changes

Name(s): _____
Address: _____
City/State/Zip: _____
Telephone/Contact: _____
Preferred Billing Status: _____ Monthly _____ Annually _____ Semi-Annually
(Due 1st of Month) (Due January 1st) (Due January 1st & July 1st)

I authorize the Burt Township Water Department to bill my account as noted above and I accept responsibility for all charges for service. I understand that payments are due as noted above. Attached is a copy of my driver's license or other photo identification to be used to verify my identity, to protect my information, and help avoid identity theft.

New Owner/Resident Signature: _____
Signature Date

Mail to: Burt Township Offices, PO Box 430, Grand Marais, MI 49839
No changes to accounts can be made by phone or without this signed/completed form.
Thank You.