

VILLAGE OF UNIONVILLE

GATEWAY TO THE THUMB

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"THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER"

www.unionvillemi.us

CUSTOMER CHANGE FORM

Account Number: _____ Service Address: _____

Name: _____

Phone Number: _____

Please Circle:

Address Change

New Owner

New Renter

*Please fill out and return Renter
Responsibility form

I would like to receive my utility bill by:

Mail / E-mail / Both

Name of Landlord:

Mailing Address: _____

E-mail Address: _____

Signature

Date