

VILLAGE OF UNIONVILLE

GATEWAY TO THE THUMB

6454 MERRY ST.

UNIONVILLE, MI 48767

(989) 674-2244 FAX (989) 607-6621

"THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER"

www.unionvillemi.us

RESPONSIBLE PARTY FORM

WATER, SEWER AND TRASH SERVICES

SERVICE ADDRESS: _____

NAME OF OCCUPANT: _____ PHONE NUMBER: _____

MAILING ADDRESS OF OCCUPANT: _____

EFFECTIVE DATES OF LEASE: _____

NAME OF LANDLORD: _____ PHONE NUMBER: _____

MAILING ADDRESS OF LANDLORD: _____

NOTE: The Landlord is responsible for all utilities until the date the deposit has been made with the Village. The utilities will not be placed in the name of the occupant until the Village receives the deposit of \$250 and a signed copy of the rental lease.

It is the choice of the owner how the bill will be paid - by the occupant or by the owner. Please check ONE option below and initial. Return this agreement to the Village Clerk.

_____ **Option 1:** The owner can leave the billing in the owner's name, which will be sent to the owner only. The owner has full responsibility for payment. Any unpaid bills will be filed as a lien on the property and applied to the Village Taxes. *Property will still be subject to discontinuation of services due to non-payment. Owner Initials: _____

_____ **Option 2:** Billing is set-up in the name of the occupant. Occupant and owner will both receive the bill and the occupant will be responsible for full payment. The occupant will be charged a deposit of \$250. If the occupant fails to pay the account balance in full by the date of shut off, services to the property will be discontinued and will not resume until balance is paid in full including a \$30 turn off/turn on. Occupant Initials: _____ Owner Initials: _____

PLEASE NOTE: The deposit will be held until a request of termination has been made by the owner and occupant. Termination of the account must be verified by the owner before the Village may close the account. The deposit will then be applied to the final bill and any refund will be sent to the provided forwarding address within 30 days.

OCCUPANT SIGNATURE: _____ DATE: _____

OWNER SIGNATURE: _____ DATE: _____

CLERK SIGNATURE: _____ DATE: _____

For Office Use Only

Account Number: _____ Date Deposit Made: _____

Lease Received: Yes / No Check Number/Cash/Credit Card: _____