

**ISHPEMING TOWNSHIP
UTILITY INFORMATION CHANGE FORM**

TOWNSHIP MUST BE NOTIFIED WHEN RESIDENT RETURNS. IF UTILITES ARE USED WITHOUT NOTIFYING THE TOWNSHIP, RESIDENT WILL NOT BE ELIGILBE FOR REDUCED RATES IN THE FUTURE

REDUCE UTILITIES (*"SNOWBIRDS" or list reason below*)

Water Sewer Garbage

Reduce Utilities Date: _____ Return Date: _____

Name: _____ Acct #: _____

Mailing Address: _____

Phone number: _____

E-mail address: _____

Reason: _____

TRANSFER ACCOUNT OWNERSHIP (CHECK ONE) PURCHASE RENTAL

Property Address: _____

Previous Owner/Tenant:

Name: _____ Phone: _____

Mailing Address (final bill): _____

Date of Sale: _____

Balance Due: _____

BALANCE MUST BE PAID BEFORE NEW OWNER CAN RECEIVE UTILITIES

New Owner/ Tenant:

Name: _____

Mailing Address: _____

Phone: _____

Care of (renter): _____

Account Owner's Signature: _____ **Date:** _____