



CITY OF HARTFORD
19 West Main Street
Hartford MI 49057
269-621-2477 * 269-621-2054 fax

UTILITY BILL CHANGE REQUEST

DATE: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

MOVE IN DATE: _____ DEPOSIT AMOUNT: _____

MOVE OUT DATE: _____ METER READ: _____

FORWARDING ADDRESS: _____

RENTER'S NAME: _____

RENTERS PHONE NUMBER: _____

PROPERTY OWNER'S NAME: _____

PROPERTY OWNER'S ADDRESS: _____

PROPERTY OWNER'S PHONE NUMBER: _____

SIGNATURE: _____

FOR OFFICE USE ONLY

WATER/SEWER TURN ON DATE: _____ COPY OF PICTURE ID: _____

WATER/SEWER SHUT OFF DATE: _____ COPY OF LEASE AGREEMENT: _____