



CITY OF HARTFORD

19 West Main Street
Hartford MI 49057
269-621-2477 * 269-621-2054 fax
www.cityofhartfordmi.org
cityclerk@cityofhartfordmi.org

APPLICATION TO CONNECT TO CITY UTILITY SYSTEM

Property Owner: _____

Owner Address: _____

Owner Phone: _____ email: _____

Site Address for Utility: _____
(If different from owner address)

Utility Service Needed: WATER SEWER BOTH

Date Service Is Needed: _____

Contractor: _____

Contractor Name & Address: _____

Contractor Phone #: _____ email: _____

Contractor's License #: _____ Tax ID # _____

Contractor's Insurance Carrier: _____

(Certificate of Insurance must be included with application)

Sewer Connection Fee: \$ _____

Water Connection Fee: \$ _____

Water Meter: Size: _____ \$ _____

DPW Time & Material \$ _____

Utility work must be done in compliance with City of Hartford's ordinance and under the supervision of Department of Public Works. Department of Public Works inspection is required, please call 269-621-3022. Connection fees must be paid prior to work beginning.

Signature of Applicant: _____ Date _____