



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

UTILITY BILL CHANGE REQUEST FORM

DEPOSIT AMOUNT: \$150.00

DATE: _____

MOVE IN DATE: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

(Where do you want the bill mailed if different than property address?)

ACCOUNT NAME: _____

(Who is responsible for the bill?) Please provide picture ID.

PHONE # _____ EMAIL _____

PROPERTY OWNER'S NAME: _____

(If different than account name)

PROPERTY OWNER'S ADDRESS: _____

(If different than property address)

PROPERTY OWNER'S PHONE #: _____ EMAIL: _____

(If different than account phone #)

SIGNATURE: _____

Complete this section ONLY if you are moving from the property address:

MOVE OUT DATE: _____ METER READ: _____

FORWARDING ADDRESS: _____

FOR OFFICE USE ONLY

WATER/SEWER TURN ON DATE: _____ COPY OF PICTURE ID: _____ DEPOSIT AMOUNT COLLECTED: _____
WATER/SEWER SHUT OFF DATE: _____ COPY OF LEASE AGREEMENT: _____