

LANDLORD AGREEMENT FOR DUPLICATE WATER BILLS

Department of Public Works
Charter Township of Plymouth



Landlords can receive a postcard or email copy of the water bill that is sent to their tenant each billing cycle (see the billing schedule below). Email copies will be established only after the landlord responds to a test message sent by the Township.

| Zone 1 | | Zone 2 | | Zone 3 | |
|-----------|-----------------|-----------|----------------|-----------|----------------|
| Bills Due | Months Billed | Bills Due | Months Billed | Bills Due | Months Billed |
| Jan | Sep, Oct, Nov | Feb | Oct, Nov, Dec | March | Nov, Dec, Jan |
| April | Dec, Jan, Feb | May | Jan, Feb, Mar | June | Feb, Mar, Apr |
| July | Mar, Apr, May | Aug | Apr, May, June | Sept | May, Jun, Jul |
| Oct | June, July, Aug | Nov | July, Aug, Sep | Dec | Aug, Sept, Oct |

Service Address: _____

Account #: _____ Billing Zone: _____ Day time phone: _____

I certify that I am the legal owner of the above property. I wish to receive copies of water bills that are sent to my tenant who is residing at this service address. I acknowledge that duplicate payments will not be refunded by Plymouth Township. I understand that it is my responsibility to notify the Township if my contact information changes or if my copy of the bill is not received by the 2nd week of the month in which the bill is due.

Send my copy as a postcard via the US Postal Service.

Mail it to: _____

Send my copy vial email.

Email Address: _____

Landlord Name (print): _____

Landlord Signature: _____ Date: _____

Submit this form via email, fax, the US postal service or by dropping it off at the Public Services counter on the second floor of Township Hall. **Questions? Call 734-414-1454.**

Our mailing address: Water Billing, 9955 N. Haggerty, Plymouth MI 48170

Our fax number: 734-453-4793

Our email address: waterbilling@plymouthtp.org

FOR OFFICE USE ONLY

Owner info verified by Assessing: _____ Test email sent: _____

Postcard copy established: _____ Response to test message received: _____

Paperless copy established: _____