

TEMPORARY ADDRESS CHANGE

Department of Public Works
Charter Township of Plymouth



A new form must be submitted for each occurrence.

I will be away from home for an extended period of time. While I'm away, please send my water bills to me as specified in the box below.

Service Address: _____

Name: _____ Daytime phone: _____

I am the homeowner Tenant

Signature: _____ Date: _____

TEMPORARY BILLING INFORMATION

Date Leaving: _____ Date Returning: _____

Please check all that apply:

Mail my bills. Send to: _____

Number of self addressed stamped envelopes I have provided: _____

Email my bills. Send to: _____

Stop Trash Service during my absence.

I am on the autopay program.

Someone will be checking on my home while I'm gone.

Contact name: _____

Daytime phone: _____ Emergency phone: _____

Email address: _____

OPTIONS FOR SUBMITTING THIS COMPLETED FORM

*Mail to: Water Billing Department
Plymouth Township
9955 N. Haggerty Road
Plymouth, MI 48170*

*Fax to: Water Billing Department
734-453-4793*

Email to: waterbilling@plymouthtp.org

FOR OFFICE USE ONLY

Zone: _____ Record #: _____ Months to apply: _____

SWD Notified