

RESIDENTIAL ADDRESS CHANGE REQUEST

Department of Public Works
Charter Township of Plymouth



Service Address: _____

Name (as it currently appears on water bill):

Mailing Address (as it currently appears on water bill):

CHANGE TO:

Name to appear on water bills: _____

Mailing address: _____

Daytime phone of person to receive bills: _____

Mail bills Go Paperless. Email to: _____

REQUIRED GENERAL INFORMATION:

Explanation for the change: _____

Changes requested by: Owner Landlord/Property Manager

Property Owner Name: _____

Property Owner Phone: _____ Email: _____

Service Address is vacant Yes No

This is a rental property

If Property is a rental, please complete the following information (if different from owner)

Landlord/Property Manager Name: _____

Landlord/Property Manager Phone: _____ Email: _____

Signature: _____ Print Name: _____ Date: _____

Questions? Call 734-414-1454

Mail this form to: Water Billing, Plymouth Township, 9955 N. Haggerty, Plymouth MI 48170

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

-OR- Email to: waterbilling@plymouthtp.org

FOR OFFICE USE ONLY

Account Number: _____ Processed by: _____ Date: _____

Copy sent to Ordinance Enforcement (commercial only)