

**Plymouth Township Water Department
ADDRESS CHANGE REQUEST**

(Please Print)

Account Number: _____

Record Number: _____

Date: _____

Service Address of Plymouth Township House/Building:

Name and Address Where You Want Bills to Go:

Your Name if Different: _____

Your Telephone Number: _____

Contact Person if Different: _____

Telephone Number if Different: _____

Explanation: _____

IS HOUSE VACANT? YES: _____ NO: _____

IS HOUSE A RENTAL? YES: _____ NO: _____

Taken By: Cheryl Smith **Processed By:** _____

Please complete the form and mail to: Plymouth Township, Water Billing, Attn: Cheryl Smith, 9955 N. Haggerty Rd, Plymouth, MI 48170, fax to (734) 453-4793, Water Billing, Attn: Cheryl Smith, or e-mail csmith@plymouthtp.org.