City of Bangor Business



Request for Water and Sewer Service

257 West Monroe St. Bangor, MI 49013

Phone: 269.427.5831 www.cityofbangormi.org

| A | applicants Information |
|----------------------------------------------------------|---------------------------------------------|
| Applicant Name (s): | |
| Property Address: | |
| Mailing Address: | |
| Phone Number: | Other Phone: |
| Email Address: | |
| | would like to sign up for paperless billing |
| Is this a Re | ntal Property? No Yes |
| Property Owners Information CHECK HERE IF SAME AS ABOVE. | |
| Property Owner: | |
| Property Address: | |
| Mailing Address: | |
| Phone Number: | Work Phone: |
| Email Address: | |

All utility bills are due on the 25th of the month (Or the following business day if the 25th falls on a weekend or holiday). A 10% penalty will be added after the 26th of each month on any balance more than 30 days past due. Customers with utility bills over \$50 and more than 30 days past due will be subject to water service being disconnected and charged a \$30 reconnect fee. Flat rate fees are charged every month for the meter and trash even when water is not being used or the home is vacant. Water deposits will be refunded only after 18 months for accounts in good standing or when the account is closed and all account charges have been paid.



City of Bangor Request for Water, Sewer and Trash Service

257 West Monroe St. Phone: 269.427.5831 Bangor, MI 49013 www.bangormi.org

| Property Information | on |
|---------------------------------------------------------------------------------------------------|--------------|
| Type of Property or Store Business: Restaraunt | Office Other |
| If "Other" Please Describe the type of busin | ess: |
| | |
| I have read the given information in this appli information I have provided is true to the bes | |
| | |
| Applicant Signature : | Date/ |
| Applicant Signature : | Date/ |
| Applicant Signature : | Date/ |
| Applicant Signature :Office Use Only: | Date/ |
| | Date/ |
| Office Use Only: | Date/ |
| Office Use Only: Copy of Photo I.D. | Date/ |
| Office Use Only: Copy of Photo I.D. Supporting Document Attached | Date/ |