



12060 Heath Street
PO Box 371
Birch Run, MI 48415
Telephone: (989) 624-5711
Fax: (989) 624-9681

Account # _____
Deposit Amount: **\$250.00**
Cash/Check/M.O. # _____
Effective Date _____

Office Use Only

WATER/SEWER SERVICE APPLICATION-COMMERCIAL

(PLEASE PRINT)

Applicant Name: _____ Business Name: _____

(circle one) OWNER RENTER Landlord: _____
(If renter, please provide Landlord's name)

Service Address: _____

Mailing Address: _____
(This is where the water/sewer bill will be mailed.)

Applicant Driver's License # or State I.D. #: _____

Applicant Phone #: _____ Email address: _____

Emergency Contact: _____
(Name) (Phone)

Alternative / Corporate Contact Information:

Name: _____ Phone: _____ Email: _____

Address: _____

PLEASE READ CAREFULLY

I am requesting service by the Village of Birch Run water & sewer system. I certify that I am responsible for payment of the water/sewer utilities at this service address and I am responsible for all minimum bills regardless if the water is used or not. I understand that the water/sewer bills are sent out quarterly (on the 1st working day of January, April, July and October) and that payment of the water/sewer bills are due at the end of the billing month. I also understand that if my water/sewer bill is not paid by the due date, penalties will be applied to my balance and a shut-off notice will be mailed to me. In the event that my water/sewer bill goes unpaid, my service will be shut off on the 15th of month following billing (February, May, August and November). I understand it is my responsibility to notify the Village of any changes in my account status or contact information. Furthermore, I agree to abide by all applicable Village Ordinances and regulations related to the water/sewer system and any amendments thereto.

APPLICANT SIGNATURE: _____
(Date)

VILLAGE EMPLOYEE SIGNATURE: _____
(Date)