

DETROIT WATER AND SEWERAGE DEPARTMENT
Direct Payment by Tenant Agreement

Date: _____

Petition to assume responsibility for Water and Sewerage bills for service to:

Address: _____

Account Number: _____

Meter Reading: _____ Date of Meter Reading: _____

Applicant's Name: _____

Applicant's Phone Number: _____ Applicant's Social Security No.: XXX-XX-_____

Michigan Driver's License, State ID, Passport or Military ID:

_____ Exp. Date: _____

Current Employer:

Employer _____ Address _____

Name, Work Location and Phone Number of Applicant's Supervisor at Work:

Prior Address/Addresses of Applicant for the Past Five Years:

Address _____ From _____ To _____

Owner Name (Print)

Property Mgmt. Co. Name (Print)

Owner Address

Property Mgmt. Co. Address

City, State and Zip Code

City, State and Zip Code

Telephone Number

Telephone Number

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I, the undersigned tenant residing at _____, assume responsibility for future bills for service as furnished by the Detroit Water and Sewerage Department.

I further understand that if I fail to pay the future charges, the Detroit Water and Sewerage Department may shut off water service. If water service is shut off, payment in full must be made before a turn on occurs.

I further understand that I am responsible for notifying the Detroit Water and Sewerage Department when I move from this address, in order to terminate responsibility for payment of water and sewerage bills.

I agree to pay all charges for water and sewerage service to the above address during my tenancy.

Signature: _____

