

## VILLAGE OF ALMONT- SERVICE REQUEST FORM

817 N. Main St. Almont, MI 48003 Office Hours: Monday-Thursday 7:00am-5:00pm

Phone: 810-798-8528 Email: <u>ppardo@almontvillage.org</u>

Customer information:	Date of Request:
Name:	Phone:
Service Address:	Email:
Billing Address:	PO Box:
State:	Zip Code:
Please check one: □ New □ Exist	ing □ Owner □ Renter □ Property Transfer
Please select the service you require:	Effective Date:
☐ Final Read (24 hour notice required)	☐ Water Shut off /on(25.00 fee) ☐ Enroll for paperless billing
☐ Pull Meter (100.00 fee)	☐ Reinstall Meter (100.00 fee) ☐ un-enroll for paperless
EMAIL ADDRESS IS REQUIRED FOR FINAL TEN DAYS	WATER BILL. PAYMENT FOR FINAL WATER BILL IS DUE WITHIN
If Final read, please provide: Name of New Occupant:	New Occupant Telephone #
□Change Billing address:	
□Change Email address:	
electronically and will not be receiving a bill by mai of this form to the Utility Billing Clerk. Once enrolle email. The Village of Almont will email your stateme	Ilment form, you are choosing to receive your Village of Almont Utility Bill il. You have the right to withdraw your consent at any time by emailing a copy ed in the electronic e-bill program, you are responsible for ensuring receipt of ent to the address you provide and if you fail to receive it, you are responsible ensure that we are able to provide you with accurate billing information, you
Email Address :	
Signature of Requestor/owner:	Date:
	OFFICE USE ONLY
$\Box$ Village Office $\Box$ Tov	wnship Office $\Box$ Assessor's Office $\Box$ DDA Office