

TENANT INFORMATION REQUIRED:

If the following applicant is not the owner of the property, the additional information is required of the tenant-customer.

1. Name _____

2. Property Address _____

3. Phone Number _____

4. Social Security Number _____

5. Employer's Name _____

6. Employer's Address _____

7. Nearest Relative's Name _____

8. Nearest Relative's Address _____

Deposit \$ _____

Receipt Number _____

At the time of termination of service, either by request or by the Water Office order, the deposit shall be applied to any unpaid balance of the account. The remaining portion of the deposit shall be refunded to the depositor. Any unpaid balances in excess of the deposit shall be billed to the depositor.

Agreement:

As condition of providing the water and/or sewer service requested in this application, it is understood and agreed that the applicant shall comply with the City of Port Huron Code of Ordinances, Section 48, as amended; including applicable rules and regulations, and shall pay for such service as provided therein.

Signature: _____

Date: _____

Previous Address: _____
