



# Village of Blissfield

130 S. Lane Street, P. O. Box 129  
Blissfield, Michigan 49228  
Phone: (517) 486-4347 Fax: (517) 486-4069  
Website: www.blissfieldmichigan.gov  
Email: administrator@blissfieldmichigan.gov

## Water/Sewer Service Application

Applicant Name: \_\_\_\_\_  
(First, Middle, Last)

Applicant Name: \_\_\_\_\_  
(First, Middle, Last)

(circle one) OWNER RENTER

Landlord Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different than service address)

Previous Village Address: \_\_\_\_\_

Driver's License # or State I.D. #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Effective Date** \_\_\_\_\_ **Account #** \_\_\_\_\_ **Deposit Paid** \_\_\_\_\_

### PLEASE READ CAREFULLY

I am requesting service by the Village of Blissfield 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 monthly. 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 with a reconnect fee to restore service. 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)