



# BURT TOWNSHIP BOARD

ALGER COUNTY

P.O. BOX 430

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www.burttownship.com

Sheri Shafer, Supervisor

Lori McShane, Clerk

Tara Dongvillo, Treasurer

Deborah Lundquist

James Krempa

Trustees

## Burt Township Water Department Account Information

### Property Information

**Property/Parcel number:** \_\_\_\_\_

**Physical 911 Number and Street Name:** \_\_\_\_\_

**Effective Date of Change:** \_\_\_\_\_

Is this a new build? \_\_\_\_ Yes \_\_\_\_ No

If yes, please submit building plans with this form

Is the property a business? \_\_\_\_ Yes \_\_\_\_ No

What type? Retail Restaurant Bar Other: \_\_\_\_\_

Public restrooms? \_\_\_\_ Yes \_\_\_\_ No

### New Owner/Resident Information and Billing Address

**Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

If you would like to receive your water bill electronically, please provide an email.

### Rental/Owner Agreement

If you are renting, you must receive the property owner's signature for this change of address and billing. All responsibility for unpaid water bills will revert to the property owner after 6 months of non-payment from the renter.

Property Owner Signature: \_\_\_\_\_

Signature

Date

I authorize the Burt Township Water Department to bill my account as noted above and I accept responsibility for all charges for service. I understand that payments are due as noted above. Attached is a copy of my driver's license or other photo ID to be used to verify my identity, to protect my information, and to help avoid identity theft.

New Owner/Resident Signature: \_\_\_\_\_

Signature

Date

