

**TENANT DEPOSIT/AGREEMENT**

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

**Tenant Name:** \_\_\_\_\_ **Date Moved In:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**SSN/Tax ID #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Application as Tenant hereby made for Water and/or Sewer Service at address described above in accordance with applicable City Ordinances. As Tenant, I understand that the water/sewer account for this property will be in my name and that I will be responsible for paying all charges for water and sewer service to the property during the time I am the Tenant of the property. I also understand that failure to pay such charges on the active account when due may result in the discontinuance of service.

**PLEASE NOTE:** This deposit will be held until a requested termination of service. Termination of a Tenant Account must be verified by Property Owner before the City may close the account. The deposit will then be applied to the account balance and any refund or final bill will be sent to a provided forwarding address within 4-6 weeks.

Please provide a Photo ID when delivering your information to the Utility Billing Office, 11<sup>th</sup> Floor, 161 W. Michigan Ave, Jackson, Michigan 49201.

**Signature:** \_\_\_\_\_

**Tenant**

**Date**

**Print Name:** \_\_\_\_\_

OFFICE USE ONLY: Driver's License: \_\_\_ State Issued Photo ID: \_\_\_ Passport: \_\_\_ Military ID: \_\_\_

Verified / Initial & Date: \_\_\_\_\_