

Village Of New Haven

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WATER ACCOUNT SERVICES

CUSTOMER NAME:					PHONE:	
OWNER:		RENTER:				
MOVE-IN DATE:			MOVE-OUT DATE:			
PROPERTY ADDRE	ESS:					
CITY/STATE/ZIP:						
DRIVERS LICENSE	E/ID:					
SIGNATURE:					DATE:	
SERVICE REQUESTED:			V	DATE REQUESTED:		
NAME CHANGE						
WATER ON						
WAILKON						
WATER OFF						
WATER OFF			Water On	Water Off		
			Water On	Water Off		
WATER OFF			Water On	Water Off		
WATER OFF	ME:		Water On	Water Off	PHONE:	
WATER OFF FINAL READ			Water On	Water Off	PHONE:	
WATER OFF FINAL READ HOMEOWNER NA			Water On	Water Off	PHONE:	