

Sylvan Township Water and Sewer Authority
18027 Old U.S. 12
Chelsea, Michigan 48118
(734) 475-8890 x112

Please complete the following information to change the name or mailing address for your sewer or water bill and return to the above address using the enclosed envelope.

Date: _____

Service Address: _____

Reason for change:

- | | |
|--|--|
| <input type="checkbox"/> Change of name | <input type="checkbox"/> New mailing address for billing |
| <input type="checkbox"/> Property transfer/Change of owner | <input type="checkbox"/> Other |
| <input type="checkbox"/> New Renter | |

Effective Date: _____

New Name for Billing: _____

Phone Number: _____

e-mail address: _____

Where do you want your bill sent?

- | | |
|---|-------|
| <input type="checkbox"/> Please mail bill to service address | |
| <input type="checkbox"/> Please mail bill to another address: | _____ |
| | _____ |
| | _____ |

The undersigned owner(s)/renter(s) request that the following changes be made to reflect this change, and the statements should be sent to the requested address. We acknowledge that regardless of the name on the billing or the sale of the property, all current or past due balances are assessed against the property and are the responsibility of the property owner(s).

Owner/Renter

Date

Owner/Renter

Date

If you have any questions, please feel free to call or e-mail.

Mike Jurosek
mjurosek@sylvan-township.org

For office use only: Property Tax ID:
 Account ID: