



# CITY OF KALAMAZOO WATER SERVICE APPLICATION

Please Complete The Following Questions And Return To The Cashier.

## TO APPLY FOR SERVICE YOU MUST:

Be the Responsible Bill Payee, the Legally Authorized Agent or Administrator of the Estate. You must display a **valid** Driver's License or Michigan ID (obtained from the Secretary of State's Office). We do not make two (2) trips to the same address in the same day.

If the water is on and we are not allowed access, if needed, the water will be turned off.

*Please present your ID so our Service Representative can verify the following information:*

1. Name to go on the account \_\_\_\_\_
2. Service Address \_\_\_\_\_
3. Is the property (check one)  Owner occupied or rented
4. Mailing Address \_\_\_\_\_  
(if different from service address)
5. Permanent address (if a student) \_\_\_\_\_
6. Have you ever had water service in your name with the City of Kalamazoo? (check one)  YES or NO   
If yes, at what address? \_\_\_\_\_
7. If you presently have water service in your name, do you wish to leave it on? (check one)  YES or NO   
If yes, you will be responsible for the bills until you cancel the service. Date Off \_\_\_\_\_
8. Status of services: Is the water currently:  ON or OFF  Is the Electricity currently:  ON or OFF

**In the winter months (usually Nov. 15 to April 15), if the structure has NO HEAT, the water WILL NOT be turned on.**

Does the structure have heat:  YES NO

9. Date you would like transfer to take place: [Two (2) business days required] \_\_\_\_\_  
Time of service (check one box):  7:30am – 11:30 am or  12:00pm – 4:00pm

**\*\* We must have access to the main water meter or the water will not be turned on. Someone over the age of 18 must be at the location when the water is turned on.**

10. Driver's License or Michigan ID \_\_\_\_\_
11. Place of employment \_\_\_\_\_
12. Telephone Numbers: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(home) (work) (cell)
13. E-mail Address \_\_\_\_\_ Paperless bills? (check one)  YES or NO

**14. Would you like to utilize our free ACH payment option? Circle here & please ask the cashier for an application.**

15. Residential Deposit: **\$60.00**

**NOTE: If this is a commercial/business service, please contact our office at 269-337-8149 for the appropriate deposit amount.**

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

*Below this line for office use only*

*Below this line for office use only*

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Date of Transfer: \_\_\_\_\_ Account # \_\_\_\_\_ Parcel # \_\_\_\_\_