

UTILITY SERVICE APPLICATION

Use this form to apply for utility service at a location that is already connected to city utilities.

To complete this form, you must:

- Be the Responsible Bill Payee, the Bill Payee's Spouse or Legally Authorized Agent, or the Administrator of the Estate
- Display a Valid Driver's License or Michigan I.D. (Obtained from the Secretary of State's Office)

During winter months, water will not be turned on if the property is not heated. This prevents damage to the property and to water infrastructure that may result from frozen pipes.

DEPOSIT & FEES

As refundable deposit of up to \$100 may be required. Fees for commercial accounts vary and will be determined as part of the application process.

ACH PAYMENT

The City of Kalamazoo offers free automatic payment of utility bill by ACH payment (direct debit from a bank account). To enroll in automatic payment, please complete the appropriate enrollment form and supply a voided check.

PAPERLESS BILLING

The City of Kalamazoo offers paperless billing for customers that prefer to receive statements via email. To enroll in paperless billing, please provide an email address below and indicate your preference in the "Payments & Billing" portion of the application.

COMPLETED APPLICATIONS

Once completed, please return this application to the City Public Service Office located at 415 E Stockbrige Ave, Kalamazooo, MI 49001. The form may also be returned via email to utilities@kalamazoocity.org or completed online at www.kalamazoocity.org/utilities.



City Public Service Office 415 E Stockbridge Ave • Kalamazoo, MI 49001 (269) 337-8000 • www.kalamazoocity.org

UTILITY SERVICE APPLICATION

APPLICANT INFORMATION	
Name:	
Mailing Address:	
City: State:	ZIP Code:
Driver's License/Michigan ID # (please attach copy of ID):	
Phone: Email: Preferred Co	ntact: 🗌 Email 🔲 Phone
SERVICE HISTORY	
Have you had City of Kalamazoo utility service in your name before: \Box Yes \Box No	
If yes, please provide the service address below:	
Address:	
City: State:	ZIP Code:
If you have current service in your name, do you wish to leave it on:	
If no, date for current service to be turned off:	
NEW SERVICE	
Property Type: ☐ Residential ☐ Commercial Occupancy: ☐ Own	ner-occupied 🗌 Rental
If different from applicant address, please provide the NEW service address below:	
Address:	
City: State: Zip:	
Status of utility service at property: Currently on Currently off	
Status of electric service at property: Currently on Currently off	
Status of heat at property: Currently heated Currently off	
During the winter months, water will not be turned on if the property does not have heat.	
Requested appointment date:	
Requested time of service: \square Morning (7:30 – 11:30 a.m.) \square Afternoon: (12 – 4 p.m.)	
PAYMENT & BILLING	
Would you like to enroll in paperless billing and receive bills via email: \Box Yes \Box No	
Would you like to enroll in free automatic ACH payment? : \square Yes \square No	
Please complete the ACH Enrollment Form and return it with this application to enroll in automatic ACH Payment	
SIGNATURE	
By signing and submitting this form you are verifying that the information provided is accurate and that you have not intentionally misrepresented any facts regarding your identity or the details of the request. You will be contacted by a representative of the City of Kalamazoo within on business day regarding this request. A deposit of up to \$100 may be required. Fees for commercial accounts vary and will be determined as part of the application process.	
Signature: Date:	