



**WATER/SEWER DEPARTMENT**  
**RENTER NAME /ADDRESS CHANGE FORM**

PROPERTY ADDRESS: \_\_\_\_\_

SPRING LAKE, MI 49456

OWNER NAME: \_\_\_\_\_

OWNER PHONE: \_\_\_\_\_

CHANGE MAILING ADDRESS TO: (NAME) \_\_\_\_\_

SPRING LAKE, MI 49456

EFFECTIVE DATE: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
(PRINT NAME- OWNER)

SIGN NAME (OWNER) \_\_\_\_\_

DATE: \_\_\_\_\_

YOU MAY RETURN THIS TO US BY MAIL:

SPRING LAKE TOWNSHIP  
WATER/SEWER DEPARTMENT  
106 S. BUCHANAN ST  
SPRING LAKE, MI 49456

OR YOU MAY FAX TO: (616) 844-2124