



WATER/SEWER DEPARTMENT
RENTER NAME 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
101 S. BUCHANAN ST
SPRING LAKE, MI 49456
OR YOU MAY FAX TO: (616) 847-1393

Disclaimer: Signatures on this form do not waive the owner responsibility of the water/sewer bills.

Section 10, "Billing Enforcement", of Spring Lake Township Water and System Ordinances states "charges shall constitute a lien on the premises served". Unpaid bills of the Renter are the responsibility of the property Owner.