



# City of Fraser

CENTENNIAL COMMUNITY

33000 GARFIELD RD

FRASER, MICHIGAN 48026

(586) 293-3100 PHONE

(586) 296-1045 FAX

## Application to Change Public Utilities

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
First Middle Last

Service Address: \_\_\_\_\_  
Number Street

Mailing Address: \_\_\_\_\_  
Number Street City State Zip

Telephone: ( \_\_\_\_\_ ) --- \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_ .COM

Driver's License Number: \_\_\_\_\_

Renter (Circle): [ Yes ] [ No ]

If [Yes] to Renter above complete Landlord information below in the box:

Does your lease transfer liability of charges to the Renter from the Landlord (Circle): [ Yes ] [ No ]

Name of Landlord: \_\_\_\_\_  
First Middle Last

Landlord Mailing Address: \_\_\_\_\_  
Number Street City State Zip

Telephone: ( \_\_\_\_\_ ) --- \_\_\_\_\_

I am requesting service to be turned (Circle): [ On ] [ Off ]

At the above listed service address effective \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

\_\_\_\_\_  
Signature