

WATER/SEWER Information Request Form

Byron Township

(Revised 12-06)

8085 Byron Center Ave SW
Byron Center, MI 49315

Fax #: (616) 878-3980
Tele. #: (616) 878-0660

Date: / /

Name of Company/Title Office/Bank: _____

Person requesting Info: _____ Fax: _____

Phone: _____ Ext. _____

Property Information: **Parcel #** 41 - 21 - - - -

Property address: _____

Owner's name: _____

Questions/Comments: _____

(Please do not write below this line. This area is for office use only. Thank You!)

Assessments & Connection Fees:		Water & Sewer Usage:
<input type="checkbox"/> No: Liens against property for Connection Fees		N/A
<input type="checkbox"/> No: (Water) OR (Sewer) Available to this parcel		No usage due.
<input type="checkbox"/> Yes: "Deferred Connection Fees"	(NO lien but \$ due before hookup)	Next billing date: _____
<input type="checkbox"/> Water "Approx." def Amt due not incl. water meter before hookup!	\$	<input type="checkbox"/> Yes, usage due.
<input type="checkbox"/> Sewer "Approx." def Amt due before hookup!	\$	Due date: / /
THIS IS ONLY AN APPROX AMT BASED ON TODAY'S RATES		
<input type="checkbox"/> Yes: Water Assessment *LIEN PAYOFF	\$	Amount due: \$ _____ (Incl. Penalty)
<input type="checkbox"/> Yes: Sewer Assessment *LIEN PAYOFF	\$	
*If received by: / /		
FAXES RECEIVED BY 3 P.M. WILL BE RETURNED BY 3 P.M. THE NEXT DAY.		
Please use one sheet per parcel request.		Date: _____ Initials: _____