CITY OF JACKSON
Founded 1829

Finance Department
Utility Billing & Public Works Fiscal Services
161 W. Michigan Ave. • Jackson, MI 49201
Phone: (517) 788-4082, (517) 788-4170 • Facsimile: (877) 396-6309

TENANT DEPOSIT/AGREEMENT

Service Address: _____

Tenant Name: _____**Date Moved In:**_____

Billing Address: _____

Phone: _____ **Email Address:** _____

SSN/Tax ID #: _____**Date of Birth:**_____

Would you like to receive automated notifications? **Yes**_____ **No**_____
(phone call/email informing resident of general updates/construction or emergency information)

Application as Tenant hereby made for Water and/or Sewer Service at address described above in accordance with applicable City Ordinances. As Tenant, I understand that the water/sewer account for this property will be in my name and that I will be responsible for paying all charges for water and sewer service to the property during the time I am the Tenant of the property. I also understand that failure to pay such charges on the active account when due may result in the discontinuance of service.

PLEASE NOTE: This deposit will be held until a requested termination of service. Termination of a Tenant Account must be verified by Property Owner before the City may close the account. The deposit will then be applied to the account balance and any refund or final bill will be sent to a provided forwarding address within 4-6 weeks.

Please be prepared to provide identification when delivering your information to the Utility Billing Office, City Hall, 11th Floor, 161 W. Michigan Ave, Jackson, Michigan 49201

Signature: _____
Tenant **Date**

Print Name: _____

OFFICE USE ONLY: Driver's License: ___ State Issued Photo ID: ___ Passport: ___ Military ID: ___

Verified / Initial & Date: _____

Deposit Paid by: _____ OWNER NAME:_____

Received @ Utility Billing _____ City Hall _____ Date Received: _____

Amount of Deposit: $300.00 Received by:_____