



City of St. Clair  
547 N. Carney Drive  
St. Clair MI 48079  
810-329-7121

## Water Billing Authorization

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Account Number

Property Owner's Name

Property Address

I declare that I am the owner of the above property and I am responsible for the Water Service Bill at this address. I am authorizing the City of St. Clair Water Department to send all future billings at that address to:

Renter's Name

Date

Renter's Name

Date

Renter's Name

Date

Renter's Name

Date

Renter's Name

Date

Renter's Name

Date

I understand that, as the owner of the property, I am responsible for the payment of the water bill should a tenant fail to make a payment.

I agree to have the City of St. Clair send me the delinquent notice, if the bill is not paid by the tenant within a thirty day period.

Owner's Name

Address

City/State/Zip

Telephone #

Signature