



CITY OF BATTLE CREEK, MICHIGAN

UTILITY BILLING OFFICE

REQUEST FOR TEMPORARY DISCONTINUATION OF SERVICE

-
1. NAME: _____
2. SERVICE ADDRESS: _____
3. UTILITY BILLING ACCOUNT NO: _____
4. DATE SERVICE TO BE DISCONTINUED: _____
5. DATE SERVICE TO BE RESUMED: _____
6. REASON FOR SERVICE WAIVER:

Check One

☐

a. Person, owner or occupant on vacation in excess of thirty (days)

☐

b. Tenant vacates rental property leaving rental unit temporarily unoccupied

☐

c. Residential unit unoccupied and water service discontinued

☐

d. Other vacancy of service address for thirty (30) days or more

I understand it is my responsibility to inform the Utility Billing office when the above premises will again be occupied. I understand this temporary discontinuation of service must be renewed in ninety (90) days and failure to do so will result in the former type of service being reinstated and billed accordingly. I also understand this request is subject to verification.

DATE OF APPLICATION

SIGNATURE

TOTAL # OF UNITS: _____

STREET

OF UNITS OCCUPIED: _____

CITY/STATE/ZIP

TYPE OF SERVICE: _____

TELEPHONE NO. _____
(Area Code/Number)

Mail completed form to: Battle Creek Utility Billing Office, PO Box 235, Battle Creek, MI 49016-0235