

**AFFIDAVIT OF LESSEE RESPONSIBILITY
FOR WATER AND SEWERAGE BILLS
INDIVIDUAL OWNER ACKNOWLEDGEMENT**

Detroit Water and Sewerage Department

**Landlord-Tenant Unit
735 Randolph
Detroit, MI 48226**

This affidavit is provided in accordance with MCLA 123.165; MSA 5.2531(5) and Sections 56-2-42 and 12-11-26.1 of the Detroit City Code.

I, _____, being first duly sworn,
(print lessor/owner's last name, first name)
depose and say:

1. That I am the lessor of the property located at _____
Detroit, MI 48_____.
2. That this property is a:
_____ Single Residence _____ 2-Family Flat/Duplex _____ Commercial
3. That meter serial number _____ servicing the above-described property
was read on _____ *(date)*, and has a current inside meter reading of _____
and an outside reading device (ORD) read of _____.

Note: Affidavit must be submitted within 30 days of meter read.

Check here to receive a copy of the water bill.

4. That the following information as provided is true and correct to the best of my
knowledge:
 - a. Lessee's/Tenant(s) Name(s) _____
 - b. Lessee's/Tenant(s) Phone Number _____
 - c. Lessee's/Tenant(s) FIA Case Number: _____
 - d. Lessee's/Tenant(s) Immediate Previous Address: _____
 - e. Lessee's/Tenant(s) Employer(s), **Complete** Address and Phone Number

I, _____ *(tenant's signature)*, **accept full
responsibility as stated above, for Water and Sewerage bills during my tenancy at the
above stated address.**

5. That on the _____ day of _____, 2_____, a lease was executed for the above-described premises with said lease, requiring said lessee/tenant to be responsible for all water and sewerage bills incurred during the term of the lease.

6. That the expiration of said lease is _____.

7. _____

Landlord/Lessor Company Name

Street Address

City, State and Zip Code

Telephone Number

DWSD reserves the right to return this affidavit upon affiant's failure to provide complete and accurate information herein.

Date: _____

Print Name of Landlord/Lessor: _____

Position/Relationship to Property: _____

Signature of Lessor: _____

SIGNATURE MUST BE WITNESSED BY NOTARY

STATE OF MICHIGAN)

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COUNTY OF)

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On this _____ day of _____, 2_____, before me personally appeared _____ (lessor/landlord) & _____ (lessee/tenant), to me known to be the persons described herein and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free and voluntary act and deed.

Notary Public, _____ County, MI
My Commission Expires: _____

NOTICE: THE DETROIT WATER AND SEWERAGE DEPARTMENT SHALL BE GIVEN TWENTY (20) DAYS' WRITTEN NOTICE OF ANY CANCELLATION, CHANGE IN OR TERMINATION OF THIS LEASE. IF NOT HONORED LEIN REVERTS TO PROPERTY OWNER. DWSD MUST BE NOTIFIED OF CHANGE IN OWNERSHIP.

DOCUMENT IS NOT VALID UNTIL APPROVED AND PROCESSED BY DETROIT WATER AND SEWERAGE DEPARTMENT LANDLORD TENANT UNIT.