

**DETROIT WATER AND SEWERAGE DEPARTMENT  
Direct Payment by Tenant Agreement**

Date: \_\_\_\_\_

**Petition to assume responsibility for Water and Sewerage bills for service to:**

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Meter Reading: \_\_\_\_\_ Date of Meter Reading: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_ Applicant's Social Security No.: XXX-XX-\_\_\_\_\_

Michigan Driver's License, State ID, Passport or Military ID:  
\_\_\_\_\_ Exp. Date: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Name, Work Location and Phone Number of Applicant's Supervisor at Work:  
\_\_\_\_\_  
\_\_\_\_\_

Prior Address/Addresses of Applicant for the Past Five Years:

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Owner Name (Print)**

**Property Mgmt. Co. Name (Print)**

\_\_\_\_\_

**Owner Address**

**Property Mgmt. Co. Address**

\_\_\_\_\_

**City, State and Zip Code**

**City, State and Zip Code**

\_\_\_\_\_

**Telephone Number**

**Telephone Number**

\_\_\_\_\_

**DETROIT WATER AND SEWERAGE DEPARTMENT**  
**Direct Payment by Tenant Agreement**

I, the undersigned tenant residing at \_\_\_\_\_, assume responsibility for future bills for service as furnished by the Detroit Water and Sewerage Department.

I further understand that if I fail to pay the future charges, the Detroit Water and Sewerage Department may shut off water service. If water service is shut off, payment in full must be made before a turn on occurs.

I further understand that I am responsible for notifying the Detroit Water and Sewerage Department when I move from this address, in order to terminate responsibility for payment of water and sewerage bills.

I agree to pay all charges for water and sewerage service to the above address during my tenancy.

Signature: \_\_\_\_\_

