

Village of Climax

Water service application of transfer of service

Service Type:	Residential	New	<input type="checkbox"/>	Transfer	<input type="checkbox"/>	Moving out	<input type="checkbox"/>
	Commercial	New	<input type="checkbox"/>	Transfer	<input type="checkbox"/>	Moving out	<input type="checkbox"/>

Disconnection / Move date: _____

Service Billing Name: If different Than owners: _____

Property Owners Name: _____

Service Address: _____

Mailing Address:

Disconnection/move: Address for final billing also.

Street address or P.O. Box: _____

City: _____

Zip Code: _____

Account Number: _____

Signature: _____

Date: _____

Return to:

Mail:

Village of Climax
PO Box 145
114 E. Maple St.
Climax, MI. 49034

Email:

villageofclimaxtreasurer@gmail.com

climaxvillage@gmail.com

In person during president's office hours:

Monday and Wednesday 8:00 AM to 11:30 AM Unless posted to be closed