

Village Of Lawrence
157 N. Paw Paw
P.O. Box 217
Lawrence Michigan 49064
(269) 674-8161 Fax (269) 674-3004



Responsible Party Form Water & Sewer Payment

This affidavit is filed pursuant to PA 178 of 1939 (MSA 123.161 et. Seq.) to notify Village Council of a tenant's responsibility for the payment of charges for water and sewage treatment services, and to prevent delinquent charges for said services from becoming a lien upon said premises.

Section 1 – To be completed by the Landlord

Name of Renter: _____

Service Address: _____

Effective Date of Lease: _____

Name of Landlord: _____

Mailing Address of Landlord: _____

Note: The Landlord is responsible for all utilities until the date the deposit has been made with the Village. The utilities will not be placed in the name of the Tenant until the Village receives the deposit.

It is the choice of the owner how the bill will be paid – by the occupant/renter or by the owner. Please check ONE option with your initials and return this agreement to the Village Hall.

___ **Option 1** – The owner can leave the billing in the owner's name, in which case the bill can either be sent to the owner's home address or to the occupant at the rental address. The owner has full responsibility for payment, and any unpaid bills would go on file for payment.

___ **Option 2** – Billing is set-up in the name of the occupant. Occupant will receive the bill and be responsible for full payment. The occupant will be charged a deposit per the Village fee schedule. If the occupant defaults on any billing, payment is taken from the deposit and the balance will be refunded. Water will be shut off to the property until a new deposit is on file for a new renter, or the owner has contacted the Village Hall. Any unpaid delinquent bills will be the responsibility of the renter only.

I AGREE TO THE PAYMENT OPTION CHECKED WITH MY INITIAL AND I HEREBY CERTIFY THAT I AM THE PROPERTY OWNER LISTED ABOVE.

Signature of Owner: _____ **Date:** _____

- For Office Use Only -

Account Number: _____

Date Deposit Paid: _____