

Ph: (248) 625-8222

Fx: (248) 625-4393

UTILITY BILLING APPLICATION			
CUSTOMER INFORMATION:		EFFECTIVE DATE	
IVAIVIL		LITECTIVE DATE	
SERVICE ADDRESS		CITY, STATE, ZIP CODE	
		,,	
TELEPHONE NUMBER		VILLAGE OR TOWNSHIP	
		☐ Clarks	ton Independence
ACCOUNT NUMBER	EMAIL ADDRES	S	
REASON FOR CHANGE			DATE RENTED
	Renting		
FINAL BILL NEEDED	MOVE-IN DATE		TEMP. AWAY DATE
FAX OR EMAIL FINAL BILL TO			
ACULO DADEDIECO CIONILID			
ACH & PAPERLESS SIGN-UP			
Save time with AutoPay and paperless billing. Visit indtwp.com/utilitybilling			
MAILING INFORMATION:			
UTILITY BILLS WILL BE MAILED TO THE SERVICE ADDRESS LISTED ABOVE, TO THE ATTENTION OF THE			
CUSTOMERS NAME. UNLESS INDICATED OTHERWISE BELOW:			
NAME/COMPANY NAME			
		1	
ADDRESS		CITY, STATE, ZIP CODE	
OWNER/RENTAL INFORMATION:			
OWNER/PROPERTY MANAGEMENT			
MAILING ADDRESS		CITY, STATE, ZIP CODE	
	_		
TELEPHONE NUMBER	E-MAIL ADDRE	SS	
COMMATNITS:			
COMMENTS:			
SIGNATURE DATE			
Return completed form to the address above or fax it to: (248) 625-4393. You can also email it to:			
mpeel@indtwp.com -or- ssunquest@indtwp.com CITY OFFICAL ONLY			
CITT OFFICAL UNLY			
DATE RECEIVED:		DATE ENTERED:	
	-		
COMMENTS:			