

**CHARLEVOIX TOWNSHIP
APPLICATION FOR WATER SERVICE**

Name _____

Address _____

Billing Address _____

Request water service to: _____

TYPE OF WATER SERVICE:

- Single residence
- Business
- Commercial
- Industrial
- Other (please describe) _____

Water Hook-Up must be approved by the Township Water System Administrator.

Applicant Signature _____

Representing _____

Date _____

Amount of Hook-up Fee \$ _____ (Must be paid in full before work order will be issued).

Date Paid _____

Signature of official accepting Application _____