



**CITY OF IMLAY CITY**

MUNICIPAL OFFICES

150 NORTH MAIN STREET, IMLAY CITY, MI 48444  
(810) 724-2135 • (810) 724-1861 FAX  
www.imlaycity.org



**TREE CITY USA**

**APPLICATION TO CHANGE WATER/SEWER/GARBAGE**

Date of Application: \_\_\_\_\_

**Service Requested:**  **ON**  **OFF**  **FINAL**

Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Rental**  **YES**  **NO**

If yes, Landlord: \_\_\_\_\_

Landlord address: \_\_\_\_\_

Landlord Telephone Number: \_\_\_\_\_

Landlord Email: \_\_\_\_\_

Verify Identification:  Copy of Identification

**I am requesting service to be turned on/off at the above listed service address effective \_\_\_\_\_.**

\_\_\_\_\_  
**Signature of Applicant**

**\$150 deposit is required.**

**Email completed form to utilitybiller@imlaycity.org**