

**CITY OF CLIO**

**FAX: 1-810-686-0627**

**EMAIL COMPLETE FORM WITH COPY OF ID TO: cliodeputytreasurer@yahoo.com**

**REQUEST FOR RECORDS CHANGE**

TODAY'S DATE: \_\_\_\_\_

Account No. \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

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

I, being the New Owner/ Former Owner/ Renter, request the City of Clio make the following change of record.

( ) Change W/S address circle one **YES** **NO** Change Tax address circle one **YES** **NO**

Real parcel # \_\_\_\_\_

Personal parcel # \_\_\_\_\_

( ) Name Change Only: Old: \_\_\_\_\_ New: \_\_\_\_\_

( ) Address Change Only: Old: \_\_\_\_\_ New: \_\_\_\_\_  
Street address Street address

City State Zip City State Zip

( ) Water Turn On Date: \_\_\_\_\_

( ) Meter Install \$50.00 Date: \_\_\_\_\_

( ) Water & Sewer Turn Off: Date: \_\_\_\_\_

( ) I Request Meter Removed yes \_\_\_\_\_ no \_\_\_\_\_

heat off: yes \_\_\_\_\_ no \_\_\_\_\_

Send Final Billing to:

Send CC Bill to ( ) **\$0.50**

Address \_\_\_\_\_

Address (if different than service address) \_\_\_\_\_

City State Zip

City State Zip

**PRINT:** \_\_\_\_\_

**PRINT:** \_\_\_\_\_

**FORMER:** Owner ( ) Renter ( ) **<CHECK 1>**

**NEW:** Owner ( ) Renter ( )

**SIGNATURE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

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

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

**Email Bills:** YES ( ) NO ( )

**Paperless:** YES ( ) NO ( )

**Phone #:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_