

**City of Mount Clemens
CHANGE OF ADDRESS FORM
WATER**

DATE _____

EFFECTIVE DATE _____

PROPERTY ADDRESS
IN MOUNT CLEMENS _____

PLEASE CIRCLE ONE EACH
NEW/CURRNT - OWNER/TENANT
NAME _____

MAILING ADDRESS _____

PHONE NUMBER
PRIMARY _____ ALTERNATE _____

SIGNATURE _____ PRINT NAME _____

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