



CHARTER TOWNSHIP OF COMSTOCK

WATER SERVICE CONNECTION APPLICATION

Service/Property Address

Parcel Identification Number

Applicant's Name

Applicant's Address

Owner's Name (if not Applicant)

Owner's Address (if not same as above)

Phone Number

Application is hereby made for a water service connection at the property indicated above.

*I understand that any Township assessments that may be due for this property must be paid to the Township Treasurer prior to application approval.

The approved application along with an authorization to connect must be taken to the City of Kalamazoo Treasurer's office to request a new service installation. See back page for more information.

Application Accepted By

Signature of Applicant

Date: _____

Date: _____

*If an assessment is due, the Township will complete the following information:

Assessment Amount: _____

Paid In Full **Contract**

Payment/Contract Date: _____

Check #: _____ **Initials:** _____

Copies to: Applicant
Township Treasurer (Original for file)
Planning & Zoning Administrator (new construction only)
Assessor

(Revised: 03/2020)